## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # M77257 1. Entity Name 04-29-2004 90357 007 \*\*\*150.00 GEORGE M. GERMANN, P.A. Principal Place of Business Mailing Address 5327 COMMERCIAL WAY PARK PLACE SUITE B109 SPRING HILL FL 34606 5327 COMMERCIAL WAY PARK PLACE SUITE B109 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2895731 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERMANN, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 5327 COMMERCIAL WAY PARK PLACE SUITE B-109 SPRING HILL FL 34606 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE ☐ Addition GERMANN, GEORGE M. NAME NAME 5327 COMMERCIAL WAY PARK PLACE SUITE B-109 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition GERMANN, GEORGE M. NAME NAME 5327 COMMERCIAL WAY PARK PLACE SUITE B-109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

FILED

GEORGE M. GERMANN, PREKIDENT SIGNATURE: