

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007082

1. Entity Name
VILLA STEFFI, INC.



Principal Place of Business
1411 C APE CORAL PKWY. 3.
CAPE CORAL, FL 33904

Mailing Address
1411 C APE CORAL PKWY. 3.
CAPE CORAL, FL 33904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

97-7793876

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORMAYER, DORIT
1411 CAPE CORAL PKWY. E.
CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEHMANN, GOTTFRIED-OTTO
STREET ADDRESS 54-55 UHLANDSTRASSE
CITY-ST-ZIP BERLIN - GERMANY, GE 10719

TITLE TS ☐ Delete
NAME LEHMANN, STEFFI
STREET ADDRESS 54-55 UHLANDSTRASSE
CITY-ST-ZIP BERLIN-D-GERMANY, GE 10719

TITLE M ☐ Delete
NAME LEHMANN, THOMAS
STREET ADDRESS WELSERSTRASSE 4
CITY-ST-ZIP BERLIN-D-GERMANY, GE 10777

TITLE S ☒ Delete
NAME LEHMANN, PETRA
STREET ADDRESS GRUENBERGERSTRASSE 8
CITY-ST-ZIP MARL, GE 45768

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000037570380
STREET ADDRESS 06/02/04--01020--002 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 true 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 receiver 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.

SIGNATURE:

Gottfried Lehmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #