

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:0

Secretary of St

DOCUMENT # P00000017407	
1. Entity Name ANGLO-GERMAN PROPERTY CORPORATION	

Principal Place of Business 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904	Mailing Address 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1093147	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GENNARO, MICHAEL A 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904

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IN THIS SPACE

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALLMAN, CHRISTOPHER P 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMALLMAN, ANNA E 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
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04/26/04-80117-005 150.00

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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: 4.20.2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #