2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P00000052959

Entity Name: WITSKEN ENTERPRISES, INC.

Current Principal Place of Business:

4835 BONITA BEACH RD. #509
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

4835 BONITA BEACH RD. #509
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-3646199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF FORT MY
13571 MCGREGOR BLVD. #22
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WITSKEN, MARY LOU
Address: 4835 BONITA BEACH RD., #509
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: WITSKEN, PAUL J
Address: 4835 BONITA BEACH RD., #509
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYLOU WITSKEN PD 01/09/2004

Electronic Signature of Signing Officer or Director — Date