

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91239 029 \*\*\*150.00

**DOCUMENT # P00000073034**

1. Entity Name

**GRAZ TRADING CORPORATION**



Principal Place of Business

8355 HARBOUR SQUARE DR.  
PENSACOLA FL 32514-6538

Mailing Address

P O BOX 2263  
MILTON FL 32571-0463

2. Principal Place of Business

**10422 SENEAL DR.**

3. Mailing Address

**P.O. Box 234**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

City & State

**GONZALEZ, FL**

Zip

Country

**32534-9780**

**USA**

Zip

Country

**32560-0234**

**USA**

4. FEI Number

**65-1033184**

Applied For

Not Applicable

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

**AMINGER, WALTER**  
**8355 HARBOUR SQUARE DR.**  
**PENSACOLA FL 32514-6538**

Name

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

**10422 SENEAL DR.**

City

**PENSACOLA, FL**

Zip Code

**32534-9780**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AMINGER, WALTER**  
CITY-ST-ZIP **8355 HARBOUR SQUARE DR.**  
**PENSACOLA FL 32514-6760**

TITLE ☒ Change ☐ Addition  
NAME **10422 SENEAL DR.**  
STREET ADDRESS **PENSACOLA, FL 32534-9780**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AMINGER, MARIA J**  
CITY-ST-ZIP **8355 HARBOUR SQUARE DR.**  
**PENSACOLA FL 32514-6760**

TITLE ☒ Change ☐ Addition  
NAME **10422 SENEAL DR.**  
STREET ADDRESS **PENSACOLA, FL 32534-9780**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:**

**Walter Aminger (WALTER AMINGER)**

**04/30/04**

**(850) 969-0080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #