


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90014 001 \*\*\*150.00  
 06-16-2004 90014 002 \*\*\*400.00

**DOCUMENT # P0000084514**  
 1. Entity Name  
**CLAUDIA M. BASLER INC.**



Principal Place of Business: **4333A TAMIAHI TRAIL SARASOTA FL 34231**  
 Mailing Address: **4333A TAMIAHI TRAIL SARASOTA FL 34231**

**66428265**



MOORE CR2E034 (11/03)

2. Principal Place of Business: **2852 RINGLING BLVD**  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **SARASOTA, FL 34237**

4. FEI Number: **59-3672013**  
 Applied For:  Not Applicable:

Zip: **34237** Country: **SARASOTA**

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BASLER, CLAUDIA M  
 6226 PONCE DE LEON BLVD  
 NORTH PORT FL 34286  
 SARASOTA, FL 34241**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **3976 COLERIDGE LN**  
 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (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	
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>BASLER, CLAUDIA</b>
STREET ADDRESS: <b>6226 PONCE DE LEON BLVD</b>	CITY-ST-ZIP: <b>SARASOTA FL 34286</b>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>3976 COLERIDGE LN</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34241</b>
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: Claudia M Basler Date: 5/17/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #