2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070688

FILED Feb 19, 2004 08:00 AM Secretary of State

1. Entity Name GANSER,						•	
Principal Place 4900 BRYWIL SARASOTA, F		Mailing Address 4900 BRYWILL CIRCLE SARASOTA, FLORIDA, FL 342:	34	2 MB((BB()	: 18(1) (18) 40 ((18) 80 ((18)	LET ROLLE HORIE MOREUM GILF	i (mini fuzinas si tuvi
n	O NOT WRITE	IN THIS SDA	 ∩E	02062004	No Chg-P	CR2E034 (1	0/03)
U	O NOT WHITE	IN THIS SPA		4. FEI Numb 65-112 5. Certificate			Applied For Not Applicable 5 Additional lequired
	6. Name and Address of Current F	Registered Agent		*			
8. The above	STREET	the purpose of changing its register	ed office or re	IN .	NOT W	PACE	ır with, and accept
	on a gone						
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title If applicable (NOTE, Register	ed Agent signature n	equired when reinstading)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000 02/20/04-	1058134 -80017-012	150.30
10.	OFFICERS AND I	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GANSER, GUNTER 4900 BRYWILL CIRCLE SARASOTA, FL 34234						
TITLE NAME STREET ADDRESS City-S1-ZIP							

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 export 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:

TITLE MANGE STREET ADDRESS

TITLE NAME

NAKE

STREET ADDRESS

CLTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE