


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

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90092 013 ***150.00

DOCUMENT # P01000074448
1. Entity Name
SAUERLAND CORPORATION



Principal Place of Business: **3901 BONITA BEACH RD #C
BONITA SPRINGS FL 34134**
Mailing Address: **3901 BONITA BEACH RD #C
BONITA SPRINGS FL 34134**

2. Principal Place of Business: **3901 Bonita Beach Rd**
3. Mailing Address: **3023 34th Street SW**
City & State: **Bonita Springs FL** / **Lehigh Acres FL**



MOORE CR2E034 (11/03)

4. FEI Number: **59-3732727**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**SAUERLAND, AXEL
8940 COLONNADES CT. EAST #735
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent:
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **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	DPST	<input type="checkbox"/> Delete
NAME	SAUERLAND, AXEL	
STREET ADDRESS	8960 COLONNADES CT. E.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAUERLAND, GABRIELA	
STREET ADDRESS	8960 COLONNADES CT. E.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	O	<input type="checkbox"/> Delete
NAME	SCHMITZ, DOROTHEA	
STREET ADDRESS	28819 WINTHROP CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3023 34th Street SW	
CITY-ST-ZIP	Lehigh Acres, FL, 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3023 34th Street SW	
CITY-ST-ZIP	Lehigh Acres, FL, 33971	
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: Sauerland G. Vice President **01-25-04** **239-405-1485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #