


**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**  
Suite, Apt. #, etc.: **Bonita Springs**  
City & State: **FL**  
3. Mailing Address: **3023 34th Street SW**  
Suite, Apt. #, etc.: **Lehigh Acres**  
City & State: **FL**



MOORE CR2E034 (11/03)

4. FEI Number: **59-3732727**  
Applied For:  Not Applicable

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  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
|---|---------------------------------|--|---|
| TITLE: <b>DPST</b><br>NAME: <b>SAUERLAND, AXEL</b><br>STREET ADDRESS: <b>8960 COLONNADES CT. E.</b><br>CITY-ST-ZIP: <b>BONITA SPRINGS FL 34135</b>  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: <b>3023 34th Street SW</b><br>CITY-ST-ZIP: <b>Lehigh Acres, FL, 33971</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>V</b><br>NAME: <b>SAUERLAND, GABRIELA</b><br>STREET ADDRESS: <b>8960 COLONNADES CT. E.</b><br>CITY-ST-ZIP: <b>BONITA SPRINGS FL 34135</b> | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: <b>3023 34th Street SW</b><br>CITY-ST-ZIP: <b>Lehigh Acres, FL, 33971</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>O</b><br>NAME: <b>SCHMITZ, DOROTHEA</b><br>STREET ADDRESS: <b>28819 WINTHROP CIRCLE</b><br>CITY-ST-ZIP: <b>BONITA SPRINGS FL 34134</b>    | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #