

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90021 016 ***150.00

DOCUMENT # P01000079959

1. Entity Name
E-FUN INTERNATIONAL, INC.



Principal Place of Business
C/O COAST-TO-COAST REALTY
276 BALD EAGLE DR.
MARCO ISLAND, FL 34145

Mailing Address
C/O COAST-TO-COAST REALTY
276 BALD EAGLE DR.
MARCO ISLAND, FL 34145

24049085



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3737569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLER, PETRA
C/O COAST-TO-COAST REALTY
276 BALD EAGLE DR.
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	BURCHHARDT, WOLFGANG
STREET ADDRESS	200 STONEY LEA RD
CITY-ST-ZIP	DEDHAM, MA 02026
TITLE	DVST
NAME	BURCHHARDT, WOLFGANG
STREET ADDRESS	75 MCNEIL WAY
CITY-ST-ZIP	DEDHAM, MA 02026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

B. Burchhardt BURCHHARDT 03/27/04 781-3266996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #