

**FILED**  
**Apr 30, 2004 08:00**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000120239**

1. Entity Name  
**EXECUTIVE INCENTIVE SERVICE CORP.**



Principal Place of Business

**PERBINGYOKLEY & ASSOC  
2963 GULF TO BAY BLVD, STE 267  
CLEARWATER, FL 33759**

Mailing Address

**PERBINGYOKLEY & ASSOC  
2963 GULF TO BAY BLVD, STE 267  
CLEARWATER, FL 33759**



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0044711**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARQUARDT, J MATTHEW ESQ  
625 COURT STREET STE 200  
CLEARWATER, FL 33756**

**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 restoring)

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  
**D**  
NAME  
**SCHLOTTMANN, FERNANDO**  
STREET ADDRESS  
**HEIDESTR 80 42345 WUPPERTAL**  
CITY - ST - ZIP  
**GERMANY,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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02000145497  
05/03/04-60027-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #