2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90031 045 ***150.00

DOCUMENT # P02000003179

1. Entity Name
VON LUNEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8037 BRACKEN LANE MELBOURNE, FL 32940	8037 BRACKEN LANE MELBOURNE, FL 32940

02092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1240 FOXRIDGE PLACE	1240 FOXRIDGE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FL	City & State: MELBOURNE, FL
Zip 32940 Country U.S.	Zip 32940 Country U.S.

4. FEI Number 41-2034510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VON LUNEN, CHRISTIAN C 8037 BRACKEN LANE MELBOURNE, FL 32940	Name: VON LUNEN, CHRISTIAN C. Street Address (P.O. Box Number is Not Acceptable): 1240 FOXRIDGE PLACE City: MELBOURNE FL Zip Code 32940

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON LUNEN, CHRISTIAN C 8037 BRACKEN LANE MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON LUNEN, CHRISTIAN C. 1240 FOXRIDGE PLACE MELBOURNE, FL 32940	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON LUNEN, DORIS E 8037 BRACKEN LANE MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON LUNEN, DORI E 1240 FOXRIDGE PLACE MELBOURNE, FL 32940	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/19/04 321 752 4273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #