2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073654

1. Entity Name
VON AHN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2000 MAIN ST. STE 401 FT MYERS, FL 33901	2000 MAIN ST. STE 401 FT MYERS, FL 33901

05222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1642139
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LURIE, MARGARET I
2000 MAIN ST, STE 401
FT MYERS, FL 33901

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.

600037669576
06/04/04--01055--016 **550.00

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEVENS, ANN
STREET ADDRESS	5621 NATOMA DR
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	DV
NAME	LURIE, MARGARET I
STREET ADDRESS	7916 SUMMER LAKE CT
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	DS
NAME	STEVENS-ANDRYS, SANDRA
STREET ADDRESS	23031 TUCKAHOE RD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	DT
NAME	CRAWFORD, KAREN
STREET ADDRESS	2000 MAIN ST, STE 401
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

VZM
6/3

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: Ann Stevens, President 5-24-04 239-332-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #