


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90467 050 ***150.00

DOCUMENT # P02000131402					
1. Entity Name EISSINMANN, INC.					
Principal Place of Business 193 LONGVIEW AVE #301 CELEBRATION, FL 34747			Mailing Address 193 LONGVIEW AVE #301 CELEBRATION, FL 34747		
2. Principal Place of Business 1005 SEATER CRESCENT ST. Suite, Apt. #, etc.		3. Mailing Address 1005 SEATER CRESCENT ST. Suite, Apt. #, etc.			
City & State CELEBRATION		City & State CELEBRATION		4. FEI Number 05-0544924	
Zip 34747		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISSINMANN, IAKE 193 LONGVIEW AVE #301 CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name: IAKE EISSINMANN Street Address (P.O. Box Number is Not Acceptable): 1005 SEATER CRESCENT ST. City: CELEBRATION FL Zip Code: 34747		
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: <i>[Signature]</i> TREASURER DATE: 4-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 EISSINMANN, IAKE 193 LONGVIEW AVE #301 CELEBRATION, FL 34747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISSINMANN, ALEX 193 LONGVIEW AVE #301 CELEBRATION, FL 34747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-15-04 321-939-1340 <small>Date Daytime Phone #</small>	

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