

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

01-29-2004 90034 018 ***150.00

DOCUMENT # P03000012340	
1. Entity Name MARIA T. AUCREMANN, INC.	



Principal Place of Business 3427 SWEETWATER TRAIL CLEARWATER, FL 33761	Mailing Address 3427 SWEETWATER TRAIL CLEARWATER, FL 33761 1615 CANOPY OAKS BLVD PALM HARBOR, FL 34684
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66403557



2. Principal Place of Business 1615 Canopy Oaks Blvd Suite, Apt. #, etc.	3. Mailing Address 1615 Canopy Oaks Blvd Suite, Apt. #, etc.
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01202004 Chg-P CR2E034 (10/03)

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34683	Zip 34683
Country US	Country USA

4. FEI Number 03-0509349	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AUCREMANN, MARIA T 3427 SWEETWATER TRAIL CLEARWATER, FL 33761	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: *Maria T. Aucermann* DATE: 1/26/03
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 AUCREMANN, MARIA T 3427 SWEETWATER TRAIL CLEARWATER, FL 33761 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria T. Aucermann* DATE: 1/26/03 727.430.3330
SIGNATURE AND EXPR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR