


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000034706</b> 1. Entity Name HQ:USEOBSERVER.COM, INC.	
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Principal Place of Business 1103 E LEE LAND HEIGHTS LEHIGH ACRES, FL 33936 US	Mailing Address 1103 E LEE LAND HEIGHTS LEHIGH ACRES, FL 33936 US
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03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0990072	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CZADILEK, ERNST H  
1103 E LEE LAND HEIGHTS  
LEHIGH ACRES, FL 33936

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CZADILEK, ERNST H 1103 E LEE LAND HEIGHTS LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, TONY 1103 E LEE LAND HEIGHTS LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZINGERLE, MARKUS 608 GERALD 221 LEHIGH ACRES, FL 33972
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

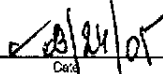
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the 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

Markus Zingerle 

Date

Daytime Phone #