

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000037633

1. Entity Name  
I.REIVA & P.RAITALA & H.RISSANEN AND  
W.SCHWENZER, INC.



Principal Place of Business  
1517 NORTH L STREET  
LAKE WORTH, FL 33460

Mailing Address  
1517 NORTH L STREET  
LAKE WORTH, FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

\$8.75 Additional  
Fee Required

4. FEI Number  
55-0898519

Applied For  
Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ANTILA, MARTIN  
1517 NORTH L STREET  
LAKE WORTH, FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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, 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	DST ANTILA, MARTIN 1517 NORTH L STREET LAKE WORTH, FL 33460	<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:** *Martin Antila* **44404** **547-0584**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **04-28-2004** Daytime Phone #

**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90198 048 \*\*\*150.00