

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90402 012 ***150.00

DOCUMENT # P03000056375

1. Entity Name

PETER GOTTSCHALL, PA



Principal Place of Business

2917 SUNSET ROAD
FT. MYERS FL 33901

Mailing Address

2917 SUNSET ROAD
FT. MYERS FL 33901

2. Principal Place of Business

2917 Sunset Rd.

3. Mailing Address

2917 Sunset Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. MYERS

City & State

FT. MYERS, FLORIDA

City & State

FT. MYERS, FLORIDA

Zip

33901

Country

U.S.A.

Zip

33901

Country

USA

4. FEI Number

651136101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTSCHALL, PETER
2917 SUNSET ROAD
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name PETER GOTTSCHALL

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

2917 Sunset Rd.

City

FT. MYERS

FL

Zip Code

33901

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

Peter Gottschall

(no change of
Address)

4/14/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOTTSCHALL, PETER	
STREET ADDRESS	2917 SUNSET ROAD	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Peter Gottschall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #