

FILED
May 13, 2004 8:00 am
Secretary of State

04-27-2004 90094 049 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|--|---------|--|---|--|
| DOCUMENT # P03000058268 | | | |  | |
| 1. Entity Name AUKE HEMPENIUS ENTERPRISES, INC. | | | | | |
| Principal Place of Business 255 S ORANGE AVE 7 FLOOR ORLANDO, FL 32801 | | | Mailing Address 255 S ORANGE AVE 7 FLOOR ORLANDO, FL 32801 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 06-1698508 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| HEMPENIUS, AUKE 255 S ORANGE AVE 7 FLOOR ORLANDO, FL 32801 | | | | | |
| 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 _____ (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. <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 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| D HEMPENIUS, AUKE 255 S ORANGE AVE 7 FLOOR ORLANDO, FL 32801 <input type="checkbox"/> Delete | | | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| D PINO, LAURENCE J 255 S ORANGE AVE 7 FLOOR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <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: <u>Auke Hempenius</u> President 3-18-04 407 206-6513 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |