2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000092061 04-28-2005 90209 048 ***150.00 EURO GRANDEVILLE ON SAXON, INC. Principal Place of Business Mailing Address 4300 WEST CYPRESS STREET 4300 WEST CYPRESS STREET 14006053 **SUITE 1075 SUITE 1075 TAMPA, FL 33607** TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0204102 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMEURCO MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 WEST CYPRESS STREET **SUITE 1075** TAMPA, FL 33607 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE M Change ☐ Addition Bessem, Herman BESSEM, HERMAN NAME NAME 4300 West Cypress St., Suite 1075 4300 WEST CYPRESS STREET, SUITE 1075 STREET ADORESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl TITLE **EVT** ☐ Delete TITLE ☐ Change **Addition** NAME SPIKER, MICHAEL NAME Adema, Jelle STREET ADDRESS 4300 WEST CYPRESS STREET, SUITE 1075 4300 West Cypress Street, Suite 1075 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP Tampa, FL 33607 TITLE VAS Delete TITLE ☐ Change Addition DE JAEGER, ROMAIN NAME NAME Bruggink, Hans STREET ADDRESS 4300 WEST CYPRESS STREET, SUITE 1075 STREET ADDRESS 4300 West Cypress Street, Suite 1075 CITY-ST-7IP TAMPA, FL 33607 CITY-ST-ZIP Tampa, FL 33607 **X** Delete TITLE TITLE ☐ Change ☐ Addition BESSEM, HERMAN NAME 4300 WEST CYPRESS STREET, SUITE 1075 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Apr 28, 2005 8:00 am

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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: Who do Printed Name OF SIGNING OFFICE FIGH DIRECTOR SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE FIGH DIRECTOR DIRECTO