


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 042 ***150.00

DOCUMENT # P03000143288 1. Entity Name OTTO GEMEINHARDT, INC.	
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Principal Place of Business 410 WESTERN AVE. PIERSON, FL 32180	Mailing Address P.O. BOX 880 DELAND, FL 32721-0880
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0445401	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

JANET E. MARTINEZ, P.A.
203 EAST RICH AVE.
DELAND, FL 32721-0880

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DPT GEMEINHARDT, OTTO H JR. 410 WESTERN AVE. PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GEMEINHARDT, DEANN L 410 WESTERN AVE PIERSON, FL 32180
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Otto H. Gemeinhardt Jr Otto H. Gemeinhardt Jr 1/19/07 386-749 4956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #