


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90104 016 \*\*\*150.00

<b>DOCUMENT # P04000171155</b> 1. Entity Name <b>HORST MUELLER, INC.</b>					
Principal Place of Business <b>8140 CASA DE MEADOWS</b> <b>ENGLEWOOD, FL 34224 US</b>			Mailing Address <b>8140 CASA DE MEADOWS</b> <b>ENGLEWOOD, FL 34224 US</b>		
2. Principal Place of Business <b>8140 CASA DE MEADOWS</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ENGLEWOOD FLORIDA</b>		City & State		4. FEI Number <b>84-1668687</b>	
Zip <b>34224</b>		Country <b>CHARLOTTE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C. MICHAEL FISCHER, PA</b> <b>2800 PLACIDA RD.</b> <b>SUITE 112</b> <b>ENGLEWOOD, FL 34224</b>			7. Name and Address of New Registered Agent  Name <b>C. MICHAEL FISCHER, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 PLACIDA RD.</b> <b>SUITE 112</b> City <b>ENGLEWOOD</b> <b>FL</b> Zip Code <b>34224</b>		
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 reconstituting) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP MUELLER, HORST 8140 CASA DE MEADOWS ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MUELLER, HORST 8140 CASA DE MEADOWS ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.					
<b>SIGNATURE: <u>Horst Mueller, HORST MUELLER</u> 7-22-05 941-698-1759</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

ATTACHMENT  
P04000171/55  
20065335

Horst Mueller, Inc.  
8140 Casa De Meadows  
Englewood, FL 34224  
7/21/05

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern –

In April 2005 I downloaded the "2005 For Profit Corporation Annual Report" from my computer. This was mailed to you, along with a check for \$150.00 (check #1002). I am now being penalized for not filing this report on time. It is obvious that the report & check were lost in transit. After speaking with an associate from your office, I was advised to write a letter of explanation, and resubmit the \$150.00 fee, which is included with this letter.

I apologize for any inconvenience, and hopefully this matter will now be resolved.

Sincerely yours –



Horst Mueller  
Horst Mueller, Inc.