


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90026 037 ***150.00

DOCUMENT # P15407
 1. Entity Name
GALLARD-SCHLESINGER INDUSTRIES, INC.



Principal Place of Business Mailing Address
 245 NEWTON ROAD 245 NEWTON ROAD
 305 305
 PLAINVIEW NY 11803 PLAINVIEW NY 11803
 US US

54025536



MOORE CR2E034 (11/03)

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 **11-1768628** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DORN, KARLHEINZ	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLESINGER, HANS L.	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AMMANN, GUENTHER	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WESTER, J. JELLE	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIM, DOUG	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOHLPAINTNER, CHRISTIAN	
STREET ADDRESS	245 NEWTON ROAD	
CITY-ST-ZIP	PLAINVIEW NY 11803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jelle Westra* CFO 3/23/04 516-6836901