

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90044 026 ***158.75

DOCUMENT # P93000022838

1. Entity Name

GOETHE PROPERTIES, INC.



Principal Place of Business

**P.O. BOX 2333
CRYSTAL RIVER FL 34423**

Mailing Address

**P.O. BOX 2333
CRYSTAL RIVER FL 34423**

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

59-3171175

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLON, RONALD D
589 SE HWY 19
CRYSTAL RIVER FL 34423**

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

Ronald D. Dillon
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-04

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 DPST ☐ Delete
NAME GOETHE, HILDEGARD
STREET ADDRESS 3470 STIRRUP DRIVE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE *GOETHE HILDEGARD* ☒ Change ☐ Addition
NAME *GOETHE HILDEGARD*
STREET ADDRESS *589 SE HWY 19*
CITY-ST-ZIP *CRYSTAL RIVER, FL 34423*

TITLE DV ☐ Delete
NAME GOETHE, HARTMUT
STREET ADDRESS 3470 STIRRUP DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE *GOETHE HARTMUT* ☒ Change ☐ Addition
NAME *GOETHE HARTMUT*
STREET ADDRESS *589 SE HWY 19*
CITY-ST-ZIP *CRYSTAL RIVER, FL 34423*

TITLE DV ☐ Delete
NAME DILLON, RONALD D
STREET ADDRESS 589 SE HWY 19
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald D. Dillon *3/8-04* *352 795-5866*