**2004 FOR PROFIT CORPORATION LANNUAL REPORT (AR)** 

E. Name and Address of Current Registered Agent  S. Cardificate of Status Deserted  Name  Serent Address of New Registered Agent  Name  Serent Address of New Registered Agent  Serent Address of New Registered Agent  Only  F.L. Decode  T. Name and Address of New Registered Agent  Name  Serent Address (P.O. Box Number is Not Acceptable)  F.L. Decode  T. Name and Address of New Registered Agent  Only  F.L. Decode  T. Name and Address of New Registered Agent  Name  Serent Address (P.O. Box Number is Not Acceptable)  F.L. Decode  T. Name and Address of New Registered Agent  Only  F.L. Decode  T. Name and Address of New Registered Agent  Name  Serent Address (P.O. Box Number is Not Acceptable)  F.L. Decode  T. Name and Address of New Registered Agent  Name  Serent Address of Revision  T. Name and Address of New Registered Agent  Name  Serent Address (P.O. Box Number is Not Acceptable)  F.L. Decode  T. Name and Address of New Registered Agent  Name  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Serent Address (P.O. Box Number is Not Acceptable)  F.L. Decode  T. Name and Address of New Registered Agent	1. Entity Nam	MENT # P930000 ESCHUMANN, INC.	028348		Mar 12, 2004 08:00 AM Secretary of State
Surie, Apt. 4, etc.  Surie, Apt. 4, etc.  Surie, Apt. 4, etc.  Surie, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	540 5TH STREET NW NAPLES FL 34120		540 5TH ST., N.W. NAPLES FL 34109		
City & State    State	2. Principal Place of Business		3. Mailing Address		
Section   Sect	Suite, Apt. #, etc.		Suste, Apt #, etc.		MOORE CR2E034 (11/03)
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  SCHUMANN, CARL D SA0 5TH ST., N.W. NAPLES FL 34120  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the ortifications of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Alter May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. ORTICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME  SIGNATURE  SIGNATURE  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME  SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME  SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ANAL SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ANAL SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ANAL SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES  CITY 51-7P  10. Change Add  ANAL SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES  CITY 51-7P  10. Change Add  ANAL SIGNATURES  CITY 51-7P  10. Dielete  11. ADDITIONS/CHANGES  CITY 51-7P  10. Change Add  ANAL SIGNAT ADDRESS  CITY 51-7P  10. Change Add  Add Address of Nover Address and Nover Add Address A	City & State		City & State		4. FEI Number 65-0404555 Applied For Not Applicable
SCHUMANN, CARL D \$40.5TH ST., N.W. NAPLES FL 34120  6. The above named endry 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 acc frie colligations of registered agent.  SIGNATURE    Signature hard or preed were strepleted agent and title 1 applicable   PILE NOW!!! FEE IS \$150.00     Adder May 1, 2004 Fee will be \$550.00     Make Check Payable to Floridab Department of State   10.	<b>Z</b> ip	Country	Zip	Country	
STORM ADDITIONS TO FILE ST. N.W. NAPLES FL. 34120  City  FL. Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  FILE NOW.III FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Add  MAKE  STRET ADDRESS  CITY 51-2P  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Deles  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Add  MAKE  STRET ADDRESS  CITY 51-2P  TITLE  MAKE  STRET ADDRESS  CITY 51-2P  TITLE		6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent
B. 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 acc the obligations of registered agent.    SIGNATURE	540 5TH ST., N.W.			Street Addre	ess (P.O, Box Number is Not Acceptable)
the obligations of registered agent.    SIGNATURE     Signature speed or present agent and the it applicable   (NOTE Registered Agent speakase required which remistering)   DATE				City	FL Zip Code
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55.00 by Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  DO CHUMANN, CARL D SCHUMANN, CARL D STRETT ADDRESS SCHY-ST-2P  Delete  ITILE STRETT ADDRESS	the obliga	tions of registered agent.	tement for the purpose of changing	its registered office or reg	stered agent, or both, in the State of Florida. I am familiar with, and accept
Atter May 1, 2004 Fee will be \$55,000 May Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D		Signature typed or printed name of regis	stered agent and title if applicable (*)	VOTE Registered Agent signature ren	quired when reinstating) DATE
TITLE NAME SCHUMANN, CARL D SAO 5TH STREET NW NAPLES FL STREET ADDRESS CITY-ST-2P STREET ADDRESS	Afte	r May 1, 2004 Fee will be \$	550.00		
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NAME STREET ADDRESS CITY -ST- ZIP  TRILE Delete TITLE NAME STREET ADDRESS CITY -ST- ZIP  CHANGE TITLE DELete TITLE 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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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**FILED** 

Mar 12, 2004 08:00 AM