FILED
Apr 28, 2004 8:00 am
Secretary of State
04-12-2004 90259 040 ***150.00

4/1

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000040322

[redacted]

1. Entity Name
F.B. ENGELHARDT & CO., INC.

66416609

Principal Place of Business	Mailing Address
~~150 E. PALMETTO PARK RD.~~ ~~SUITE 518~~ ~~BOCA RATON, FL 33432~~ US	~~150 E. PALMETTO PARK RD.~~ ~~SUITE 518~~ ~~BOCA RATON, FL 33432~~ US

2. Principal Place of Business	3. Mailing Address
1402 Bridgewood Rd Suite, Apt. #, etc.	1402 Bridgewood Rd. Suite, Apt. #, etc.
City & State: BOCA RATON	City & State: BOCA RATON
Zip: 33434 Country: P.B.	Zip: 33434 Country: P.B.

01082004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0446661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELHARDT, F. B
~~150 E. PALMETTO PARK RD.~~
~~SUITE 518~~
~~BOCA RATON, FL 33432~~

7. Name and Address of New Registered Agent

Name: F.B. ENGELHARDT
Street Address (P.O. Box Number is Not Acceptable): 1402 Bridgewood Rd.
City: BOCA RATON FL Zip Code: 33434

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: [signature] 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PR. ENGELHARDT, FORMAN B ~~150 E. PALMETTO PARK RD. - SUITE 518~~ ~~BOCA RATON, FL 33432~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1402 Bridgewood Rd. BOCA RATON, FL 33434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/6/04 561 482-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F.B. ENGELHARDT