

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069556

FILED  
Jan 29, 2004  
Secretary of State

Entity Name: BAUHUS INC.

**Current Principal Place of Business:**

1903 RIVER CROSSING DRIVE  
VALRICO, FL 33594 US

**New Principal Place of Business:**

14895 US 129  
LIVE OAK, FL 32060 US

**Current Mailing Address:**

P.O. BOX 656  
LIVE OAK, FL 32064 US

**New Mailing Address:**

FEI Number: 65-0438263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROM, WOLF  
14895 US 128  
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHROM, WOLFRAM  
Address: 14895 US 128  
City-St-Zip: LIVE OAK, FL

Title: VP ( ) Delete  
Name: BRAZIL, DIANA L  
Address: 1216 BLOOM HILL AVE  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHROM, WOLFRAM  
Address: 14895 US 128  
City-St-Zip: LIVE OAK, FL

Title: VP (X) Change ( ) Addition  
Name: TOM, MARKS  
Address: 12201 BASS OAK CT  
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLFRAM SCHROM

P

01/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date