


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90034 030 ***150.00

DOCUMENT # P93000076605	
1. Entity Name EURO-FLORIDA MARKETING CORPORATION	

Principal Place of Business 24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135 US	Mailing Address P.O. BOX 366458 BONITA SPRINGS, FL 34135 US
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2. Principal Place of Business 2110 ISLA DE PALMA CIR	3. Mailing Address 2110 ISLA DE PALMA CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34119	Country
Country	Zip 34119
Country	Country

6. Name and Address of Current Registered Agent SCHWARZ, BERNARD 24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135	
7. Name and Address of New Registered Agent Name SCHWARZ, BERNHARD Street Address (P.O. Box Number is Not Acceptable) 2110 ISLA DE PALMA CIR City NAPLES FL Zip Code 34119	

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 <u>Schwarz</u> SCHWARZ, PRES. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPTD SCHWARZ, BERNHARD 24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS SCHWARZ, BERNHARD 2110 ISLA DE PALMA CIR. NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Schwarz</u> SCHWARZ, PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/22/06</u> 239 513 1376 <small>Date Daytime Phone #</small>