## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2004 8:00 am Secretary of State **DOCUMENT # P93000087835** 05-05-2004 90255 048 \*\*\*150.00 CITADEL II, INCORPORATED Principal Place of Business Mailing Address 1515 N FEDERAL HWY 1515 N FEDERAL HWY 44044703 SUITE 306 SUITE 306 BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03122004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0455735 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENSHEIMEN KAMRADT, RUSSELL T P.A. Street Address (P.O. Box Number is Not Acceptable) 11641 KEN GARDENS AVE 2Dens **STE 207** PALM BEACH GARDENS, FL 33410 30 8. The above named entity submits this statement for the purpose of changing its registered of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition DCS TITLE ☐ Delete TITLE SCHMIDT, RICHARD L. NAME NAME STREET ADDRESS 1515 N FED HWY, #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete GENSHEIMER, MARK A. NAME NAME STREET ADDRESS STREET ADDRESS 1515 N FED HWY, #306 CITY-ST-ZIP BOÇA RATON, FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Mark A. Gensheimer, President Citadel II Incorporate

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR