

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90219 039 ***150.00

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01192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0539255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAEHLENHOFF, HEINZ-JUERGEN	
STREET ADDRESS	237 JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAEHLENHOFF, WALTRAUD	
STREET ADDRESS	237 JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAEHLENHOFF, JOERG DIETER	
STREET ADDRESS	237 JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWARZMEIER, WILLIBALD	
STREET ADDRESS	237 JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Willibald Schwarzmeier 4/20/04 239-369-2989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #