

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90262 035 ***150.00

DOCUMENT # P95000074462

1. Entity Name

HAEHNER CORP.



Principal Place of Business

3557 ANTARCTIC CIRCLE
NAPLES FL 34112
US

Mailing Address

3557 ANTARCTIC CIRCLE
NAPLES FL 34112
US

2. Principal Place of Business

4671 5th Ave NW
Suite, Apt. #, etc.

3. Mailing Address

4671 5th Ave NW
Suite, Apt. #, etc.

City & State

Naples FL

Zip
34119

Country

City & State

Naples FL

Zip
34119

Country

4. FEI Number

65-0614590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAEHNER, HERMANN
3557 ANTARCTIC CIRCLE
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name *Hermann Haehner (same)*
Street Address (P.O. Box Number is Not Acceptable)

4671 5th Ave NW

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME HAEHNER, HERMANN
STREET ADDRESS 3557 ANTARCTIC CIRCLE
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

by same ☒ Change ☐ Addition
NAME
STREET ADDRESS 4671 5th Ave NW
CITY-ST-ZIP Naples FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 239-774-

0922