


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P95000090510

1. Entity Name
SIX-C CORP.



04 APR -5 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 511447
PUNTA GORDA, FL 33951

Mailing Address
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 33951-1447



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0170879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

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

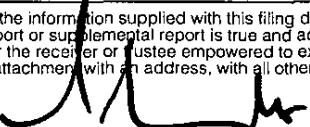
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOTTENROTT, MARKUS HOLZHECKE 31 60528 FRANKFURT, GE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOTTENROTT, VICTORIA HOLZHECKE 31 60528 FRANKFURT, GE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOTTENROTT, CHRISTA HOLZHECKE 31 60528 FRANKFURT, GERMNAY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOTTENROTT, CHRISTOF HOLZHECKE 31 60528 FRANKFURT, GERMNAY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600032222666
04/09/04--01001--006 **150.00

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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:  **MARKUS HOTTENROTT** 03-14-04 01149170 5731903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7