


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000051436

1. Entity Name
GEMUTLICH, INC.



Principal Place of Business Mailing Address

10441 ORANGE DR. 10441 ORANGE DR.
DAVIE, FL 33328 US DAVIE, FL 33328 US



3. Name and Address of Current Registered Agent

PELLICANE, CHRISTINA P
10441 ORANGE DR.
DAVIE, FL



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. 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.

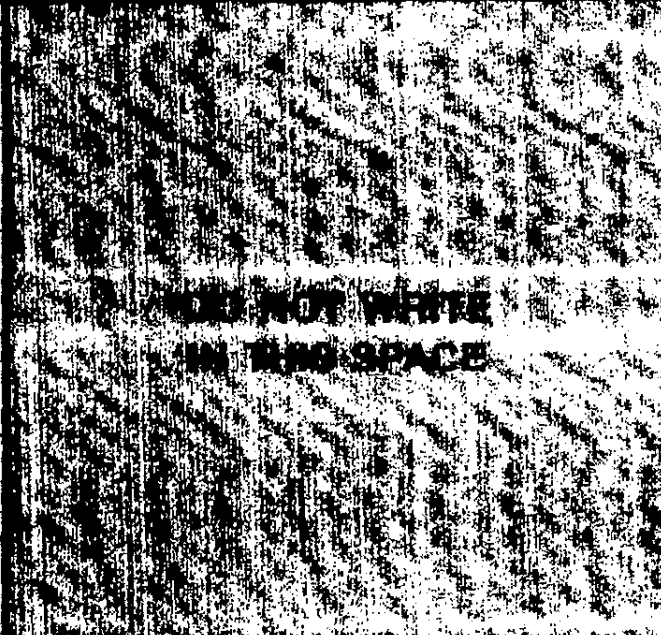
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when withdrawing.

FILE NOW! FEE IS \$100.00 After May 1, 2004 Fee will be \$250.00

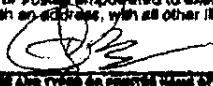
7. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fee**

04282004-00098-007 150.00

8. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PELLICANE, CHRISTINA P 10431 ORANGE DRIVE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BATEMAN, JAMES 10431 ORANGE DRIVE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE 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)(k), Florida Statute. 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:  **CHRISTINA P. PELLICANE** 4/28/04 747-0765

SIGNATURE ARE TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR Date Designation