

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90001 001 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P96000075523</b>   |   |   |   |                       |  |
| <b>1. Entity Name</b><br>DIWEHOGACA, INC.  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>6335 CARRIE ANN CT<br>ORLANDO, FL 32819  |   |   | <b>Mailing Address</b><br>2308 LAKE SUE DRIVE<br>ORLANDO, FL 32803  |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b><br>6335 Carrie  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State<br>Orlando   |   | <b>4. FEI Number</b><br>59-3439986   |  |
| Zip  |   | Country   |   | Applied For<br>Not Applicable  |  |
| 32819  |   | USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>DECKER, RALPH GATTY<br>3302 MARDIS ROAD<br>ORLANDO, FL 32808   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| <b>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.</b>   |   |   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |   |  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/S<br>WEISE, DIRK<br>6335 CARRIE ANN CT<br>ORLANDO, FL 32819 |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CARRIE Ann Ct.  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| <b>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 line empowered.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |  |  |

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05192004 Chg-P CR2E034 (10/03)

May 26th 2004  
404-924-7726