

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90090 043 ***150.00

DOCUMENT # P96000077904

1. Entity Name

GERMAN MANAGEMENT SERVICE INCORPORATED



Principal Place of Business
24 MARINA TERRACE
TREASURE ISLAND FL 33706

Mailing Address
PO BOX 66343
ST PETERSBURG BEACH FL 33736

40026708



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

150, 153RD AVE
Suite, Apt. #, etc.
202

3. Mailing Address

150, 153RD AVE
Suite, Apt. #, etc.
202

City & State

MADEIRA BEACH, FL
Zip
33708
Country
US

City & State

MADEIRA BEACH, FL
Zip
33708
Country
US

4. FEI Number

59-3434589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENSEL, ANNE
24 MARINA TERRACE
TREASURE ISLAND FL 33706

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

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, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HENSEL, ANNA
24 MARINA TERRACE
TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA HENSEL

2-22-05

Date

787 399 9990

Daytime Phone #