

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00**  
**Secretary of Stat**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000023577</b>                   |  |
| 1. Entity Name<br><b>TOBIAS PROPERTIES, INC.</b> |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>16996 TIMBERLAKES DR<br/>FORT MYERS, FL 33908</b> | Mailing Address<br><b>16996 TIMBERLAKES DR<br/>FORT MYERS, FL 33908</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



06052004 No Clg P CR2E034 (10/03)

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|                                                            |                                                        |
|------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0886280</b>                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Current date of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SEEMANN, ERNEST A<br/>4728 DEL PRADO BLVD<br/>CAPE CORAL, FL 33904</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|

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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 date of filing (NOTE: Registered Agent's signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TOBIAS, EVA R<br>ROBERT-BOSCH STR. 41<br>STUTTGART, GE 70192       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>TOBIAS, CORNELIA S<br>ROBERT-BOSCH-STR. 41<br>STUTTGART, GE 70192 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>TOBIAS, JUERGEN D<br>ROBERT-BOSCH-STR. 41<br>STUTTGART, GE 70192   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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09/08/04-80002-008 550.00

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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)(b), Florida Statutes, and that I 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 by the registered agent, 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 the name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

**SIGNATURE:**

*Juergen D. Tobias* **JUERGEN D. TOBIAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09.03.04**

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