2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 05, 2007 08:00 AM DOCUMENT # P97000037811 **Secretary of State** 1. Entity Name TEICHLER INVESTMENTS, INC. Principal Place of Business Mailing Address 6100 ESTERO BOULEVARD C/O RICHARD COTTER, P.A. FORT MYERS BEACH FL 33931 **DROSSELWEG 26** GERLINGEN GERMANY 70839 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0749896 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEICHLER, FRANK Street Address (P.O. Box Number is Not Acceptable) 6100 ESTÉRO BOULEVARD FORT MYERS BEACH FL 33931 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE : FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, PSTD THE Delete ☐ Change Addition TITLE 02/13/07-30078-025 150.00 TEICHLER, FRANK NAME NAME 6100 ESTERO BLVD STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-71P FITLE ☐ Change ☐ Addition Delete TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIME Delete Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Change ■ AddItion THE ☐ Defete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C(IY-SI-7IP THE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

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