



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90010 026 \*\*\*150.00

<b>DOCUMENT # P97000058220</b> 1. Entity Name <b>EURO/FLORIDA FUNDINGS, INC.</b>					
Principal Place of Business <b>3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134</b>				Mailing Address <b>3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134</b>	
2. Principal Place of Business <b>27299 Riverview Center Blvd.</b>		3. Mailing Address <b>27299 Riverview Center Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 106</b>		Suite, Apt. #, etc. <b>Suite 106</b>			
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>			
Zip <b>34134</b>		Zip <b>34134</b>		Country <b>USA</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>BAHMS, MICHAEL 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134</b>				7. Name and Address of New Registered Agent Name <b>Bahms, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>27299 Riverview Center Blvd. Suite 106</b> City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34134</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. SIGNATURE  <b>Michael Bahms</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PVST</b> <input type="checkbox"/> Delete	NAME <b>BAHMS, MICHAEL</b>		TITLE <b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Bahms, Michael</b>	
STREET ADDRESS <b>3521 BONITA BAY BLVD</b>	CITY-ST-ZIP <b>BONITA SPRINGS FL 34134</b>		STREET ADDRESS <b>27299 Riverview Center Blvd. Suite106</b>	CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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:**  **Michael Bahms, President** (239) 948-0014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #