## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P97000061383 04 FEB 12 PM 3:54 GATÉHOUSE CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 229 NORTH COLLIER BLVD 898 5TH AVENUE SOUTH SUITE 302 MARCO ISLAND, FL 34145 US NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address **821 FIFTH AVENUE SOUTH** Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02102004 Chg-P **SUITE 201** City & State NAPLES, FLORIDA Applied For City & State 4. FEI Number 59-3483699 Not Applicable Country USA Zip Country \$8.75 Additional 34102 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISA H. BARNETT, ESQ. OSTROW, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH, SUITE 201 229 NORTH COLLIER BLVD MARCO ISLAND, FL 34145 Zip Code 34102 **NAPLES** 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. LISA H. BARNETT, ESQ. 02/11/04 SIGNATURE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE DP TITLE Delete Change SCHACHE, HANS J NAME NAME 100029250701 STREET ADDRESS HANS-DUIRMEIER-WOG 12 STREET ADDRESS 02/23/04--01071--014 \*\*150.00 CITY-ST-ZIP MUNCHER, GERMANY, 80339 CITY-ST-ZIP P/S/T/D **VSTD** ▼ Change TITLE ☐ Delete TITLE ☐ Addition SCHACHE, SUSANNE SCHACHE, SUSANNE NAME NAME FRIEDHOFSTRA 9a STREET ADDRESS FRIEDHOFSTRABE 9D STREET ADDRESS CITY-ST-ZIP ASCHECM DORDACH, GERMANY, 85609 CITY-ST-78 85609 ASCHHEIM, GERMANY TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Susanne Schache, President 01149-172-8364-100 02/11/04 SIGNATURE: \_

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR