


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90059 022 ***158.75

DOCUMENT # P97000065145 1. Entity Name THE FLIESENLEGER, INC.					
Principal Place of Business 3901 BONITA BEACH RD #C BONITA SPRINGS FL 34134 US			Mailing Address 28819 WINTHROP CIRCLE BONITA SPRINGS FL 34134		
2. Principal Place of Business 3901 BONITA BEACH RD.		3. Mailing Address 3901 BONITA BEACH RD.			
Suite, Apt. #, etc. #C		Suite, Apt. #, etc. #C			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL			
Zip 34134		Country US		4. FEI Number 65-0772675	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EURO-AMERICAN FINANCIAL SERVICES, INC. 5117 CASTELLO DR. NAPLES FL 34103			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VUCKOVIC, SLOBODAN 28819 WINTHROP CIRCLE BONITA SPRINGS FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VUCKOVIC, SLOBODAN 3901 BONITA BEACH RD. #C BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITZ, DOROTHEA 3901 BONITA BEACH RD. BONITA SPGS FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VUCKOVIC, MIRJANA 28819 WINTHROP CIR BONITA SPGS FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VUCKOVIC, MIRJANA 3901 BONITA BEACH RD. #C BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHMITZ, GUNTER UDO 3901 BONITA BEACH RD. BONITA SPRINGS FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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 <i>Dorothea Schmitz</i> , DOROTHEA SCHMITZ 01-21-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 231-944-7774					