

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000065145

1. Entity Name
THE FLIESENLEGER, INC.



Principal Place of Business
3901 BONITA BEACH RD
#C
BONITA SPRINGS, FL 34134 US

Mailing Address
28879 WINIFROP CIRCLE
BONITA SPRINGS, FL 34134

3901 Bonita Beach Rd #C
Bonita Springs, FL 34134

(Signature)

DO NOT WRITE IN THIS SPACE

**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90237 044 ***150.00

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0772675	Applied For Not Applicable
5. Certificate of Status Desired	<input 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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME VUCKOVIC, SLOBODAN
STREET ADDRESS 3901 BONITA BEACH RD. #C
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME SCHMITZ, DOROTHEA
STREET ADDRESS 3901 BONITA BEACH RD.
CITY-ST-ZIP BONITA SPGS, FL 34134

TITLE V
NAME VUCKOVIC, MIRJANA
STREET ADDRESS 3901 BONITA BEACH RD. #C
CITY-ST-ZIP BONITA SPGS, FL 34134

TITLE S
NAME SHMITZ, GUNTER UDO
STREET ADDRESS 3901 BONITA BEACH RD.
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joe Flan Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-
04-15-05 948 7774

Date

Daytime Phone #