


FROM :

FAX NO. : 4581673

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Apr 29, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P08000004063</b>	
1. Entity Name GETTLER CORKSCREW, INC.	

Principal Place of Business 21451 SOUTH TAMAMI TRAIL ESTERO, FL 33928	Mailing Address 21451 SOUTH TAMAMI TRAIL ESTERO, FL 33928
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04/29/04-80129-016 150:00



**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-P CR2E034 (10/03)

4. PCL Number 65-0812157	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

GETTLER, CHARLES  
18861 W. SPRUCE DRIVE  
FT. MYERS, FL 33912

**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: Susanne Gettler DATE: 4-26-04

Signature, typed or printed name of registered agent and (S&A if applicable) NOTE: Registered Agent signature required when renouncing

<b>FILE NOW!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GETTLER, CHARLES 18861 W. SPRUCE DRIVE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GETTLER, SUSANNE 18861 W. SPRUCE DRIVE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GETTLER, SUSANNE 18861 W. SPRUCE DRIVE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 filer empowered.

SIGNATURE: Susanne Gettler, Susanne Gettler 4-26-04 (239)267-2017

SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR Date Daytime Phone