

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 032 ***150.00

DOCUMENT # P98000005290 1. Entity Name FLECK - WOERNER INC.					
Principal Place of Business 6107 S. DIXIE #6 WEST PALM BEACH, FL 33405			Mailing Address 6107 S. DIXIE #6 WEST PALM BEACH, FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

03012005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0810033		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLECK, ROBERT 120 W. 5TH ST. STUART, FL 34994		Name MARY WOERNER Street Address (P.O. Box Number is Not Acceptable) 6107 S Dixie Highway #6 City West Palm Beach FL Zip Code 33405	

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: *Robert Marshall Fleck Jr* DATE: 4/4/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>FLECK, ROBERT M</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>120 W 5TH ST</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;">VP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>WOERNER, MARY</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>120 W 5TH ST</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	FLECK, ROBERT M		STREET ADDRESS	120 W 5TH ST		CITY-ST-ZIP	STUART, FL 34994		TITLE	VP	<input type="checkbox"/> Delete	NAME	WOERNER, MARY		STREET ADDRESS	120 W 5TH ST		CITY-ST-ZIP	STUART, FL 34994		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;">VICE PRESIDENT</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>Fleck Robert M</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>6107 S Dixie Highway #6</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;">President</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>WOERNER MARY</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>6107 S Dixie Highway #6</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>West Palm Beach 33405</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Fleck Robert M		STREET ADDRESS	6107 S Dixie Highway #6		CITY-ST-ZIP			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WOERNER MARY		STREET ADDRESS	6107 S Dixie Highway #6		CITY-ST-ZIP	West Palm Beach 33405		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																							
NAME	FLECK, ROBERT M																																																																																																																								
STREET ADDRESS	120 W 5TH ST																																																																																																																								
CITY-ST-ZIP	STUART, FL 34994																																																																																																																								
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																							
NAME	WOERNER, MARY																																																																																																																								
STREET ADDRESS	120 W 5TH ST																																																																																																																								
CITY-ST-ZIP	STUART, FL 34994																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME	Fleck Robert M																																																																																																																								
STREET ADDRESS	6107 S Dixie Highway #6																																																																																																																								
CITY-ST-ZIP																																																																																																																									
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME	WOERNER MARY																																																																																																																								
STREET ADDRESS	6107 S Dixie Highway #6																																																																																																																								
CITY-ST-ZIP	West Palm Beach 33405																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
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: *Mary Woerner* DATE: 4/4/05 Daytime Phone #: 493 4160
(Signature, typed or printed name of signing officer or director)