2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-06-2004 90013 034 ***150.00

DOCUMENT # P98000041844

1. Entity Name
FRANK KIRCHNER, INC. OF S.W. FLA

Principal Place of Business	Mailing Address
915 SW 34TH TERRACE CAPE CORAL FL 33914	915 SW 34TH TERRACE CAPE CORAL FL 33914

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0836164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRCHNER, FRANK 915 SW 34TH TERRACE CAPE CORAL FL 33914	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 _____ DATE
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P KIRCHNER, FRANK 915 SW 34TH TERRACE CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kirchner, Calvin 915 SW 34 Terrace Cape Coral, FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULGADO, ORESTE 4805 MARIM DRIVE CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRCHNER, CALVIN 915 SW 34 TERRACE CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition

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: Frank Kirchner 2-2-04 239-823-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
1011 P98 00004 1844
98

6640255
~~6[illegible]386077~~

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0046

In reply refer to: 0224146107
Nov. 28, 2003 LTR 147C
65-0836104 000000 00 000
02497
BODC: SB

Correct. 1998

FRANK KIRCHNER INC OF SW FLA
915 SW 34TH TER
CAPE CORAL FL 33914-5253159

Employer Identification Number: 65-0836104

Dear Taxpayer:

Thank you for your correspondence dated October 20, 2003, in which you indicated that your correct Employer Identification Number (EIN) is a number that is assigned to another corporation. Please send us a copy of the IRS notice assigning you this number. According to our records your correct EIN is shown above.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )________________________ Hours__________________

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

James L. Fish

James L. Fish, Manager
Document Perfection Operations

Enclosure(s):
Copy of this letter

I you have any Question Please call me
at 239-945-3048 or 239-823-6557 any time
evinings.