2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2004 08:00 AM Secretary of State

1. Entity Name

TSCHETTER ENTERPRISES, INC.



Principal Place of Business

1135 7TH STREET SOUTH NAPLES, FL 34102

SIGNATURE:

Mailing Address

1135 7TH STREET SOUTH NAPLES, FL 34102



DO NOT WRITE IN THIS SPACE 01082004

 01082004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, RAYMOND L JR. THE MOORINGS PROFESSIONAL BUILDING 2335 TAMIAMI TRAIL N., SUITE 409 NAPLES, FL 34103-4459

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, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			~	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TSCHETTER, GARY 1135 7TH STREET SOUTH NAPLES, FL 34102			U00000004087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/14/04-80014-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 the and securate 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 fivstee 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.					

NAME OF SIGNING OFFICER OR DIRECTOR