

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000063427

1. Entity Name
TSCHETTER ENTERPRISES, INC.



FILED

05 OCT 24 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1135 7TH STREET SOUTH
NAPLES, FL 34102

Mailing Address
1135 7TH STREET SOUTH
NAPLES, FL 34102

2. Principal Place of Business
P.O. Box 410999
Suite, Apt. #, etc.

3. Mailing Address
7640 North Wickham Rd.
Suite, Apt. #, etc.
SUITE 101B



REINSTATEMENT 2005

City & State
MELBOURNE, FL
Zip 32941 Country USA

City & State
MELBOURNE, FL
Zip 32940 Country USA

4. FEI Number
59-3523802

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

7. Name and Address of New Registered Agent

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 _____
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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSCHETTER, GARY 1135 7TH STREET SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
19400 PEACHLAND BLVD. PORT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200060898232 10/24/05--01058--011 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05 (941) 625-3474
Date Daytime Phone #