2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093302

Entity Name: TEUTONIA PROPERTIES INC

FILED Apr 15, 2004 Secretary of State

Entity Nar	me: TEUTON	IA PROPERTIES INC.					
Current Principal Place of Business:			New Princip	New Principal Place of Business:			
	THWEST 25T RAL, FL 3391			16210 SADDLEWOOD LANE CAPE CORAL, FL 33991			
Current Mailing Address:			New Mailing	New Mailing Address:			
5004 SOUTHWEST 25TH COURT CAPE CORAL, FL 33914			P.O. BOX 15 03 40 CAPE CORAL, FL 33915				
FEI Number:	65-0874379	FEI Number Applied For()	FEI Number Not Applica	able ()	Certificate of Status Des	ired()	
Name and	Address of C	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:			
1201 HAYS		DE COMPANY 012525 US					
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered o	ffice or registered ager	nt, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Ag	ent	Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BECKER, WEF	SER-WEG, D-42111	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	HORN, ULRIKE	SER-WEG, D-42111	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	NIENHAUS, FR	LERNSTR, D-42287	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name:	D () SPEESE, SIGR	Delete		D (X) SPEESE. SIGR) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 15 03 40

CAPE CORAL, FL 33915

SIGNATURE: SIGRID SPEESE D 04/15/2004

5004 SOUTHWEST 25TH COURT

CAPE CORAL, FL 33914

Address:

City-St-Zip: