

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90027 037 ***158.75

DOCUMENT # P98000103683

1. Entity Name

WARM MINERAL SPRINGS MOTEL, INC.



Principal Place of Business

12597 SO. TAMIAMI TR.
WARM MINERAL SPRINGS FL 34287

Mailing Address

12597 SO. TAMIAMI TR.
WARM MINERAL SPRINGS FL 34287

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERBER, ROGER A
12597 S. TAMIAMI TRAIL
WARM MINERAL SPRINGS FL 34287

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 May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KARL, GERHARD	
STREET ADDRESS	GUSTAV-HOCH-STR-50	
CITY-ST-ZIP	HANAU, GERMANY	
TITLE	O	<input type="checkbox"/> Delete
NAME	HERBER, ROGER A	
STREET ADDRESS	12597 S. TAMIAMI TRAIL	
CITY-ST-ZIP	WARM MINERAL SPRINGS FL 34287	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIVIENNE, KARL	
STREET ADDRESS	GUSTAV-HOCH-STR-50	
CITY-ST-ZIP	HANAU, GERMANY	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARL, GERHARD		
STREET ADDRESS	GUSTAV-HOCH-STR-50		
CITY-ST-ZIP	HANAU, GERMANY		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARL, VIVIENNE		
STREET ADDRESS	GUSTAV-HOCH-STR-50		
CITY-ST-ZIP	HANAU, GERMANY		
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: Roger A. Herber **ROGER A. HERBER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

941-426-4029

Daytime Phone #