

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90034 046 ***150.00

DOCUMENT # P98000106448 1. Entity Name SPOTLIGHT 2000, INC.					
Principal Place of Business 513 NASSAU ROAD MARCO ISLAND, FL 34145			Mailing Address 1100 DORCHESTER COURT NAPLES, FL 34104		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 463 ECHO CIRCLE Suite, Apt. #, etc.			
City & State _____		City & State MARCO ISLAND FL		4. FEI Number 65-0881921	
Zip _____	Country _____	Zip 34145	Country COLLIER	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, CRAIG R. 606 BALD EAGLE DRIVE STE. 500 MARCO ISLAND, FL 34146				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 _____ (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 Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIEPER, KAPPE 1100 DORCHESTER COURT NAPLES, FL 34104	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: _____ GEROLD KNAUERHASE		Date 3/10/04		Daytime Phone # 239-394-8774	