2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90088 021 ***150.00

DOCUMENT # P99000002524

1. Entity Name
DOKASCH OF AMERICA, INC.

Principal Place of Business
1678 EDITH ESPLANADE
CAPE CORAL, FL 33904

Mailing Address
1678 EDITH ESPLANADE
CAPE CORAL, FL 33904

24004367

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01232004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0968451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIGGER, WOLFGANG
1678 EDITH ESPLANADE
CAPE CORAL, FL 33904

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 ______________________ DATE
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	P/D ☐ Change ☐ Addition
NAME	BOROWSKI, KLAUS	NAME	GIGGER, WOLFGANG
STREET ADDRESS	FEINCHESWIESE D-56424	STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST-ZIP	STAUDT, GERMANY,	CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP/D D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIGGER, WOLFGANG	NAME	
STREET ADDRESS	1678 EDITH ESPLANADE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ______________________ Jan 26/04 239-542-6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #