


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000010832	
1. Entity Name WERNER'S EUROPEAN IMPORTS, INC.	

Principal Place of Business 106 WEST LIME STREET TARPON SPRINGS, FL 34689-9311	Mailing Address 106 WEST LIME STREET TARPON SPRINGS, FL 34689-9311
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03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3555565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAASCH, WERNER 106 WEST LIME STREET TARPON SPRINGS, FL 34689-9311
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000282640 03/31/05-80046-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAASCH, WERNER 397 OLD OAK CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAASCH, MARKUS 397 OLD OAK CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAASCH, FRANCOISE 397 OLD OAK CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAASCH, ELIZABETH 397 OLD OAK CIRCLE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Elizabeth Haasch</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-28-05 Date	727 937-0557 Daytime Phone #