| 2004 FOR PROFIT CORPORATION ANNUAL REPORT | | | | FILED May 03, 2004-08:00 AN | |
|--|---|--|-------------------|--|---|
| DOCUMENT # P99000022615 1. Entity Name APPENZELL DIST. INC. | | | | May 03, 2004 08:00 AN Secretary of State | |
| Principal Place of Business Mailing Address 3338 WEDGEWOOD WAY 3338 WEDGEWOOD WAY TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 04202004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3573654 Applied For 5. Certificate of Status Desired \$8.75 Additional | |
| | 5. Name and Address of Current Re | pistered Agent | · · · · · · | | Fee Required |
| 3338 WED | LLER, RANDY DGEWOOD WAY SPRINGS, FL 34689 | | | | NOT WRITE THIS SPACE |
| 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 tile if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Final Trust Fund Contribution. | ncing \$5. Add | .00 May Be led to Fees | |
| TO. TITLE NAME STREET ADDRESS | OFFICERS AND DIF APPENZELLER, RANDAL W 3338 WEDGEWOOD WAY | AECTORS | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | <u>~</u> <u>~</u> | | | U00000151718 05/04/04-80057-005 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u></u> | | DO | NOT WRITE |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | IN [•] | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZP | | · · · · · · · · · · · · · · · · · · · | | | |
| 12. I hereby certify that the information supplied with this filling 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: July Up on Phyled HAME OF SIGNING OFFICER ON DIRECTORY COME COME COME COME COME COME COME COME | | | | | |