
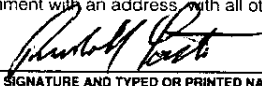


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-29-2004 90023 031 ***150.00

DOCUMENT # P99000031096 1. Entity Name LOESCH COMPANY, INC.					
Principal Place of Business 905 BALL DR. NOKOMIS FL 34275			Mailing Address 905 BALL DR. NOKOMIS FL 34275		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0986827 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TRACY, DENNIS J ESQ. 229 PENSACOLA RD. VENICE FL 34285	
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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LOESCH, RUDOLF	NAME			
STREET ADDRESS	905 BALL DR.	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LOESCH, INGRID	NAME			
STREET ADDRESS	905 BALL DR.	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LOESCH, ROLAND	NAME			
STREET ADDRESS	905 BALL DR.	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LOESCH, THOMAS	NAME			
STREET ADDRESS	905 BALL DR.	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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:  RUDOLF LOESCH		Date 1/22/04		Daytime Phone # 941-412-0135	