

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000053009

1. Entity Name
FLORIDA TEAMWORK SERVICES, INC.



Principal Place of Business

1402 SE 47TH STREET
SUITE #5
CAPE CORAL, FL 33904

Mailing Address

1402 SE 47TH STREET
SUITE #5
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0928014

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

KOHR'S, GABRIELE
1402 SE 47TH STREET
SUITE #5
CAPE CORAL, FL 33904

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KOHR'S, GABRIELE
STREET ADDRESS	1402 SE 47TH STREET #5
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	VSD
NAME	KOHR'S, ULRICH
STREET ADDRESS	1402 SE 47TH STREET
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	THIERSMANN, LYDIA
STREET ADDRESS	1317 SE 46TH LANE #207
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/02/05-80029-014 158.75

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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: Gabriele Kohrs Gabriele Kohrs 2-27-05 239 542 9042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone