

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 010 ***150.00

DOCUMENT # P99000065648

1. Entity Name

AIBLINGER IV, INC.



Principal Place of Business

4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES FL 34103

Mailing Address

4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES FL 34103

20014241



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3601425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMACKIN, JOSEPH F III
BOND, SCHOENECK & KIND, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE 250
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

MCMACKIN III, F. JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

BOND, SCHOENECK & KING, P.A.

4001 TAMIAMI TRAIL NORTH, SUITE 250

City

FL

Zip Code

34103

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☒ Delete
NAME MAYER, GERTRAUD
STREET ADDRESS HABENSCHADENSTRASSE 47A
CITY-ST-ZIP PULLACH GM 82049

TITLE SV ☒ Delete
NAME MAYER, PETER G. E.
STREET ADDRESS HABENSCHADENSTRASSE 47A
CITY-ST-ZIP PULLACH GM 82049

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
NAME MAYER, PETER G. E.
STREET ADDRESS HABENSCHADENSTRASSE 47A
CITY-ST-ZIP PULLACH GM 82049

TITLE SV ☒ Change ☐ Addition
NAME MAYER, PETER A.
STREET ADDRESS LEONRODSTRASSE 16
CITY-ST-ZIP 80634 MUNICH GM

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter G. E. Mayer (PETER G. E. MAYER)

02-1st 2005