## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069739

1. Entity Name

CONSULTING HEINROTH INC.



Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90010 014 \*\*\*150.00

Principal Place of Business

1370 CURLEW AVE NAPLES, FL 34102 Mailing Address

1370 CURLEW AVE NAPLES, FL 34102



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04042004	No Chg-P	CR2E034 (10/03)	

## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3590880 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HEINROTH, PETER DO NOT WRITE 1500 COLONIAL BLVD STE 25 NAPLES, FL 34102 SSI - Werner Schmite IN TI 1500 Colonial Blug. Suite 235, Fort Meyers 33907 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 SIGNATURE. Signature, typed or printed name of registe (NOTE: Registered Agent signature required when reinstating) DATE agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS mir HEINROTH, PETER NAME 1370 CURLEW AVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL. 34102 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE 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 frue 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 employered 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 employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04

Daytime Phone #