


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 036 ***150.00

DOCUMENT # P99000075783 1. Entity Name EURO XIX, INC.	
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Principal Place of Business 4300 W CYPRESS STREET STE 1075 TAMPA, FL 33607	Mailing Address 4300 W CYPRESS STREET STE 1075 TAMPA, FL 33607
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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AMEURCO MANAGEMENT, INC. 4300 W CYPRESS STREET STE 1075 TAMPA, FL 33607

7. Name and Address of New Registered Agent			
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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.			
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESSEM, HERMAN 4300 W CYPRESS STREET STE 1075 TAMPA, FL 33607 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEV SPIKER, MICHAEL E 4300 W CYPRESS STREET STE 1075 TAMPA, FL 33607 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEJAEGER, ROMAIN 4300 W CYPRESS ST., STE. 1075 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BESSEM, HERMAN 4300 W CYPRESS ST., STE. 1075 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEJAEGER, ROMAIN 4300 W CYPRESS ST., STE. 1075 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIKER, MICHAEL E 4300 W CYPRESS ST., STE. 1075 TAMPA, FL 33607 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Adema, Jelle 4300 West Cypress Street, Suite 1075 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bruggink, Hans 4300 West Cypress Street, Suite 1075 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
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SIGNATURE: <u>Michael E. Spiker</u>	DATE: <u>4/22/05</u>	DAYTIME PHONE: <u>813-353-8800</u>
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14005915



03302005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3608427

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BESSEM, HERMAN
4300 W CYPRESS STREET STE 1075
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EXEV
SPIKER, MICHAEL E
4300 W CYPRESS STREET STE 1075
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DEJAEGER, ROMAIN
4300 W CYPRESS ST., STE. 1075
TAMPA, FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BESSEM, HERMAN
4300 W CYPRESS ST., STE. 1075
TAMPA, FL 33607 ☒ Delete

TITLE
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AS
DEJAEGER, ROMAIN
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TAMPA, FL 33607 ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

T
SPIKER, MICHAEL E
4300 W CYPRESS ST., STE. 1075
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Adema, Jelle
4300 West Cypress Street, Suite 1075
Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Bruggink, Hans
4300 West Cypress Street, Suite 1075
Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE