

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90217 009 ***150.00

DOCUMENT # P99000076604

1. Entity Name
VON MINDEN ENTERPRISES, INC.



Principal Place of Business
**320 S.E. 26TH TERRACE
 CAPE CORAL, FL 33904**

Mailing Address
**320 S.E. 26TH TERRACE
 CAPE CORAL, FL 33904**

24069594



2. Principal Place of Business
1613 NW 38TH PLACE
 Suite, Apt. #, etc.

3. Mailing Address
1613 NW 38TH PLACE
 Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL, FLORIDA

City & State
CAPE CORAL, FLORIDA

4. FEI Number
65-0944947

Applied For
 Not Applicable

Zip
33993

Country
USA

Zip
33993

Country
USA

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

6. Name and Address of Current Registered Agent
**VON MINDEN, WILLIAM A
 320 S.E. 26TH TERRACE
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

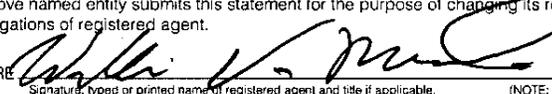
Name
VON MINDEN, WILLIAM A.

Street Address (P.O. Box Number is Not Acceptable)
1613 NW 38TH PLACE

City
CAPE CORAL

FL Zip Code
33993

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  DATE **4/30/04**

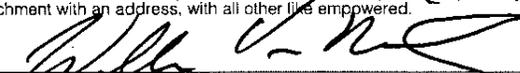
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON MINDEN, WILLIAM A 320 S.E. 26TH TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VON MINDEN, WILLIAM A 1613 NW 38TH PLACE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

X SIGNATURE:  DATE **4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR