


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000080694 1. Entity Name TICKETMAN INTERNATIONAL GROUP, INC.	
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Principal Place of Business 1318 LAFAYETTE ST CAPE CORAL, FL 33904	Mailing Address 1318 LAFAYETTE ST CAPE CORAL, FL 33904
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02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1005468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL, FL 33904

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEINBACH, ACHIM 1505 S.E. 40 STREET, STE. C CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
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U00000072031  
03/01/04-80095-010 150.00

**DO NOT WRITE  
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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)(g), 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: Thomas W Hill Thomas W. Hill 2/24/04 239-549-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #