


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # S90716 |  |
| 1. Entity Name ARCADIA GREEN, INC. | |

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|--|--|
| Principal Place of Business 128 WEST OAK ST ARCADIA, FL 34266 US | Mailing Address PO BOX 2140 ARCADIA, FL 34265 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0299926 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARVER, CHARLES H ESQ.
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA, FL 33602

**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 reinstating) DATE _____

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000145932 05/03/04-80044-022 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD HOSKOVEC, HORST SCHWARZENBERG STRASSE 8 VIENNA, AUSTRIA, A1015 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPD ULLRICH, IRMGARD SEESTRASSE 83 BAECH, SWITZERLAND, ch8806 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD ULLRICH, CHRISTIAN UNTERER SCREIBERWEG 34 VIENNA, AUSTRIA, A1190 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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IN THIS SPACE**

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: Irmingard ULLRICH April 13, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Irmingard ULLRICH