

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49336

FILED
Jan 10, 2004
Secretary of State

Entity Name: GUDRUN MARIA NICKEL, P.A.

Current Principal Place of Business:

350 5TH AVE SOUTH
SUITE 200
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 413005
PMB 27
NAPLES, FL 341013005 US

New Mailing Address:

FEI Number: 65-0344062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKEL, GUDRUN M
788 PARK SHORE DR #F28
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

NICKEL, GUDRUN M
788 PARK SHORE DR #D39
NAPLES, FL 34103 US

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.

SIGNATURE: GUDRUN M. NICKEL

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: NICKEL, GUDRUN M,
Address: 350 5TH AVE SOUTH #200
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: NICKEL, GUDRUN M,
Address: 350 5TH AVE SOUTH #200
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUDRUN M. NICKEL

PD

01/10/2004

Electronic Signature of Signing Officer or Director

Date