

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64904

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: DAHLMANN FLORIDA CORPORATION

**Current Principal Place of Business:**

300 SOUTH THAYER STREET  
ANN ARBOR, MI 48104

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTH THAYER STREET  
ANN ARBOR, MI 48104

**New Mailing Address:**

FEI Number: 38-2857245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAHLMANN, DENNIS A  
2959 WEST GULF DRIVE  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAHLMANN, DENNIS A  
Address: 2959 WEST GULF DR  
City-St-Zip: SANIBEL, FL 33957

Title: VD ( ) Delete  
Name: ZARNOWITZ, STEVEN  
Address: 300 S THAYER ST  
City-St-Zip: ANN ARBOR, MI 48104

**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: STEVEN ZARNOWITZ

VP

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date