

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUN -9 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000037846670

06/10/04--01053--011 **150.00



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1400190

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREY, M WILLIAM
9220 BONITA BEACH RD, STE 109
BONITA SPRINGS, FL 33923

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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06/10/04--01053--012 **400.00

**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	TDS
NAME	FREY, WILLIAM M.
STREET ADDRESS	9220 BONITA BEACH ROAD, STE 109
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	PD
NAME	FREY, BARRY E.
STREET ADDRESS	9220 BONITA BEACH ROAD, STE 109
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #