2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #519066 CALE OF FORT MYERS, INC.

FILED Feb 28, 2008 08:00 AN Secretary of State

1. Entity Name Principal Place of Business Mailing Address 1225 N. KEYSER AVE 1225 N. KEYSER AVE SCRANTON, PA 18504 SCRANTON, PA 18504



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 02252008 No Chg-P

4. FEI Number 59-1708804 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HENDRICKS, EDWARD W 1704 NW STONE TERR STUART, FL 33494

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE 2-25-08								
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	,			
10.	OFFICERS AND DIREC	TORS			A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDRICKS, EDWARD W 1704 NW STONE TERR STUART, FL 34994							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICKS, PATRICIA D 1704 NW STONE TERR STUART, FL 34994				U00000842700 03/11/08-80040-024 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:					
NAME STREET ADDRESS CITY-ST-ZIP								

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08

530-342-6740