2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735333

FILED Apr 04, 2005 Secretary of State

Entity Name: THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

Title: P () Delete Title: () Change () Addition Name: NORRIS, JAMES R Name: Address: 21481 GIBRALTER DR Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: 182 CHELSEA CT Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: D () Change (X) Addition Name: LUPTON, JOE Address: 3453 DE SOTA DR	Current Principal Place of Business:			New Princ	New Principal Place of Business:		
21202 OLEAN BLVD. SUITE B-2 PT CHARCOTTE, FL 33952 FEI Number 85-0043245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRIS, JAMES R 21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent	SUITE B-2						
FEI Number: 65-0043245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: NORRIS, JAMES R 21/202 OLEAN BLVD. SUITE 5 PT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date	Current Mailing Address:			New Mailir	New Mailing Address:		
Name and Address of Current Registered Agent: Norris, JAMES R 21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent	SUITE B-2		3952				
NORRIS, JAMES R 21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent	FEI Number:	65-0043245	FEI Number Applied For () FEI No	ımber Not Appli	cable () Certificate	e of Status Desired (X)	
21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent	Name and	Address of	Current Registered Agent:	Name and	Address of New Regi	stered Agent:	
In the State of Florida. SIGNATURE:	21202 OLEAN BLVD. SUITE 5						
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title:							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: P () Delete Name: NORRIS, JAMES R Address: 21481 GIBRALTER DR City-St-Zip: PT CHARLOTTE, FL 33952 Title: T () Delete Title: () Change () Addition Name: JAQUES, EDWIN Name: Address: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: WEISHAAR, LEE Name: Address: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: WEISHAAR, LEE Name: Address: City-St-Zip: Title: () D () Change () Addition Name: WISHAR, LEE Name: Address: City-St-Zip: Title: () D () Change (X) Addition Name: LUPTON, JOE Address: Ja63 DE SOTA DR City-St-Zip: HARBOR HIGHTS, FL 33287 Title: Name: ROBINSON, FRED Name: ROBINSON, FRED Address: City-St-Zip: PORT CHARLOTTE, FL 33952 Title: Name: ROBINSON, FRED Address: 22231 BREEZESWEPT AVE City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: D () Change (X) Addition Name: ROBINSON, FRED Address: 22231 BREEZESWEPT AVE City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Name: ROBINSON, FRED Address: 22231 BREEZESWEPT AVE City-St-Zip: PORT CHARLOTTE, FL 33952	SIGNATURE:						
Title:		Electro	nic Signature of Registered Agent			Date	
Name: NORRIS, JAMÉS R Name: Address: 21481 GIBRALTER DR Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: JAQUES, EDWIN Address: Address: 182 CHELSEA CT Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: 21150 GERTUDE AVE. City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: D () Change (X) Addition Name: Address: 3453 DE SOTA DR City-St-Zip: HARBOR HIGHTS, FL 33287 Title: () Delete Title: D () Change (X) Addition Name: ROBINSON, FRED Address: 22231 BREEZESWEPT AVE City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: D () Change (X) Addition Name: Address: 22231 BREEZESWEPT AVE City-St-Zip: <td>OFFICERS</td> <td>AND DIREC</td> <td>CTORS:</td> <td>ADDITION</td> <td colspan="3">${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$</td>	OFFICERS	AND DIREC	CTORS:	ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Name: JAQUES, EDWIN Address: 182 CHELSEA CT Address: 182 CHELSEA CT Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PT CHARLOTTE, FL 33952 Title: S () Delete Title: () Change () Addition Name: WEISHAAR, LEE Name: Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: D () Change (X) Addition Name: LUPTON, JOE Address: Address: Address: Address: City-St-Zip: HARBOR HIGHTS, FL 33287 City-St-Zip: HARBOR HIGHTS, FL 33287 Title: D () Delete Name: ROBINSON, FRED Address: City-St-Zip: PORT CHARLOTTE, FL 33952 Title: D () Change (X) Addition Name: ROBINSON, FRED Address: City-St-Zip: PORT CHARLOTTE, FL 33952 Title: D () Delete Title: D () Change (X) Addition Name: BUNN, FRANK Address: City-St-Zip: PORT CHARLOTTE, FL 33952 Title: D () Change (X) Addition Name: BUNN, FRANK Address: City-St-Zip: Bunner: Bunn, Frank Address: City-St-Zip: Bunner: Bunn, Frank Address: City-St-Zip: City-St-Zip: Bunner: Bunn, Frank Address: City-St-Zip: City-St-Zip: Bunner: Bunn, Frank Address: City-St-Zip: City-St-Zip: City-St-Zip: Bunner: Bun	Name: Address:	NORRIS, JAM 21481 GIBRA	ES R LTER DR	Name: Address:	() Change() Addition	
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	Name: Address:	() Delete	Name: Address:	BUNN, FRANK 21748 EDGEWATER DR	,	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R NORRIS P 04/04/2005