


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90034 045 ****70.00

DOCUMENT # 753965					
1. Entity Name CAPE CORAL R/SEA HAWKS, INC.					
Principal Place of Business 1511 NW 27TH PL CAPE CORAL, FL 33993 US			Mailing Address 1511 NW 27TH PL CAPE CORAL, FL 33993 US		
2. Principal Place of Business 5095 NORTHAMPTON DR. Suite, Apt. #, etc.		3. Mailing Address 5095 NORTHAMPTON DR. Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 59-2629260	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33919		Country US		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		Name AGNEW, JOHN			
BUTZ, RANDY 122 SW 9TH PL CAPE CORAL, FL 33991		Street Address (P.O. Box Number is Not Acceptable) 5095 NORTHAMPTON DRIVE			
		City FORT MYERS		FL Zip Code 33919	
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: <u>John R. Agnew</u> JOHN R. AGNEW, SD 1-4-2006 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-instating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, GENE 1511 NW 27TH PL. CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, ROBERT 1402 SW 14TH TERR. CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHRAGER, ELDRED 20701 MARATHONA CT. N FT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTZ, RANDY 122 SW 9TH PL CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AGNEW, JOHN 5095 NORTHAMPTON DR. FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCKY, LLOYD 205 SW 9TH TERR CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIEZELSKI, JOHN 3590 PINE TREE DR ST. JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 617, 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: <u>John R. Agnew</u> JOHN R. AGNEW 1-4-2006 239 936-7148 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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