

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G07642

1. Entity Name
KNOTT, CONSOER, EBELINI, HART & SWETT, P.A.



Principal Place of Business
**1625 HENDRY STREET
STE 301
FORT MYERS, FL 33902 US**

Mailing Address
**1625 HENDRY STREET
STE 301
FORT MYERS, FL 33902 US**

DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2228541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EBELINI, MARK A
1625 HENDRY ST
STE 301
FORT MYERS, FL 33901**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DAS
SWETT, HOWARD A
1625 HENDRY ST, S-301
FT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DV
CONSOER, GEORGE L.
1625 HENDRY ST, S-301
FT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
KNOTT, GEORGE H.
1625 HENDRY ST., S-301
FT. MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
EBELINI, MARK A.
1625 HENDRY ST., S-301
FT. MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
HART, THOMAS B
1625 HENDRY STREET, S-301
FT. MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000296936
04/11/05-80007-022 150.00

**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)(f), 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

April 6, 2005 (239) 334-2722

Date Daytime Phone #