2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90461 042 ***150.00

DOCUMENT # M17782

1. Entity Name
LAW OFFICES OF WEBB, SCARMOZZINO & GUNTER, P.A.

400717U3

Principal Place of Business	Mailing Address
1617 HENDRY ST., #312 FT MYERS, FL 33901 US	1617 HENDRY STREET SUITE 313 FORT MYERS, FL 33901 US

04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2552736
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, DENNIS L.
1617 HENDRY STREET
SUITE 313
FT MYERS, FL 33901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	WEBB, DENNIS L.
STREET ADDRESS	12760 PENNY LANE
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D
NAME	SCARMOZZINO, JAMES M
STREET ADDRESS	1617 HENDRY ST., #312
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D
NAME	Jason L. Gunter
STREET ADDRESS	1625 Hendry St Ste 103
CITY-ST-ZIP	Fort Myers FL. 33901
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: _____ 4/26/05 239-334-1600
JAMES M. SCARMOZZINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #