


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90013 027 ****61.25

DOCUMENT # N01000002885

1. Entity Name
THE TOWN OF FORT MYERS BEACH PUBLIC WORKS SERVICES, INC.



Principal Place of Business
 2523 ESTERO BLVD
 FORT MYERS BEACH, FL


Mailing Address
 2523 ESTERO BLVD
 FORT MYERS BEACH, FL

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



01262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
SEGAL-GEORGE, MARSHA
 2523 ESTERO BLVD
 FORT MYERS BEACH, FL

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DANIEL L 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RYNEARSON, HOWARD 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAIN, TERRY 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, BILL 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN DUZER, BILL 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GUCCIARDO, JOHN 2523 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 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: *M. Segal-George* **2-9-04 239-7650202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment



RECEIVED
FEB 2 2004
BY: _____

#N01000002885

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 27, 2004

THE TOWN OF FORT MYERS BEACH PUBLIC WORKS SERVICES, INC
2523 ESTERO BLVD
FORT MYERS BEACH, FL

SUBJECT: THE TOWN OF FORT MYERS BEACH PUBLIC WORKS
SERVICES, INC.
Ref. Number: N01000002885

We have received your document for THE TOWN OF FORT MYERS BEACH PUBLIC WORKS SERVICES, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 404A00005441