2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90280 012 ****70.00

14U11489

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1. Entity Name
FORT MYERS PHANTOMS, INC.

Principal Place of Business	Mailing Address
5014 SW 24TH PLACE CAPE CORAL, FL 33914	5014 SW 24TH PLACE CAPE CORAL, FL 33914

04272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2250 BROADWAY Suite, Apt. #, etc.	204 SE 20TH PL Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: CAPE CORAL, FL
Zip: 33901 Country: U.S.A.	Zip: 33990 Country: U.S.A.

4. FEI Number: 90-0120545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYE, ROBERT J 5014 SW 24TH PLACE CAPE CORAL, FL 33914	Name: KATHY STURGIS Street Address (P.O. Box Number is Not Acceptable): 2080 McGREGOR BLVD THIRD FLOOR City: FT MYERS FL Zip Code: 33901

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: Kathy Sturgis KATHY STURGIS 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYE, ROBERT J 5014 SW 24TH PLACE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARGARET KING 5702 SW 9TH COURT CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, WILLIAM E III 7120 TWIN EAGLE LANE FT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAM L. SMITH 10134 CHARLEMONT AVENUE ENGLEWOOD, FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAVNER, SETH 7269 ALLAMANDA LANE PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROXANN GROENEVELD 1710 CORONADO ROAD FT. MYERS, FL 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LISA WILLENBACHER 204 S.E. 20TH PLACE CAPE CORAL, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN MILLER 102 NE 20TH AVENUE CAPE CORAL, FL 33909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYNE CORBETT 6269 COCOS DRIVE FT. MYERS, FL 33908	☐ Change ☒ 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: Margaret King (MARGARET King) 4-27-04 2394517157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #