2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # N0400004959 1. Entity Name FORT MYERS ELITE INC					02-24-2005 90041 033 ****61.25				
Principal Place of Business 1538 SENIOR CT LEHIGH ACRES, FL 33971 US Mailing Address 1538 SENIOR CT LEHIGH ACRES, FL 33971							S (SIG) Price 14	I/N#N B1 19 B1	
Principal Place of Business . 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037	7 (10/03)		
City & State		City & State	City & State		99-999	9999		oplied For	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I	Registered A	gent		
1538 SEN			Street Add	r is Not Acceptable	le)				
LEHIGH ACRES, FL 33971									
	· .		City			FL	Zip Cod	e	
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								and accept	
the obligations of registered agent.									
SIGNATURE	CIONATURE NEW YORK								
JIGNATORE	Signature, typed or printed name of registered agent	and title if applicable {NOTS	: Registered Agent signature	e required when reinstating)		DATE			
JUNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2005	1	npaign Financing	\$5.00 May Be		DATE Make check rida Departr	payable t		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flo	/lake check rida:Departr	payable to ment of St	tate	
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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:

Helly Heinzman Britts
SIGNATURE AND TYPED PARTED NAME OF STENENG OFFICER ON DIRECTOR

2/11/05 239