2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90033 029 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50055022

DOCUMENT # P04000027359

1. Entity Name
FINNEY SALES OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
9901 CALOOSA Y & R CLUB DRIVE FORT MYERS, FL 33919	9901 CALOOSA Y & R CLUB DRIVE FORT MYERS, FL 33919

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0910643 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
TROIANO, JOSEPH A ESQ.
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
Name MARY ANN HASSE
Street Address (P.O. Box Number is Not Acceptable)
9901 CALOOSA Y+R CLUB DRIVE
City FORT MYERS FL Zip Code 33919

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] MARY ANN HASSE 7/1/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P/S NAME WILLIAM N. HASSE STREET ADDRESS 9901 CALOOSA Y+R CLUB DRIVE CITY-ST-ZIP FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE V/T NAME MARY ANN HASSE STREET ADDRESS 9901 CALOOSA Y+R CLUB DRIVE CITY-ST-ZIP FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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] WILLIAM N. HASSE PRES. 7/1/05 239 267-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/26/05 KDS