2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P04000077820 01-29-2007 90065 014 ***150.00 SANIBEL PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 4000pros P.O. BOX 100 711 TARPON BAY RD SANIBEL, FL 33957 SANIBEL, FL 33957 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 56-2464657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACKESY, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 703-TARPON BAY ROAD SANIBEL, FL 33957 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRES TITLE ☐ Delete TITI F ☐ Change Addition MACKESY, STEVEN J NAME NAME 711 TARPON BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP SECR TITLE ☐ Defete TITLE ☐ Change Addition MACKESY, JANETTE K NAME NAME 711 TARPON BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

FILED

Jan 29, 2007 8:00 am

Daytime Phone #