

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126836

Entity Name: SANIBEL PROPERTY INC.

FILED
Sep 02, 2005
Secretary of State

Current Principal Place of Business:

480 PEACHTREE ROAD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1425
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 20-2077943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HUMPHREY, WENDY
Address: 480 PEACHTREE ROAD
City-St-Zip: SANIBEL, FL 33957

Title: VTD () Delete
Name: DAVIES, SALLY J
Address: 480 PEACHTREE ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY J DAVIES

VTD

09/02/2005

Electronic Signature of Signing Officer or Director

_____ Date