


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000062658

1. Entity Name
 109, INC.



Principal Place of Business
 571 AIRPORT ROAD NORTH
 NAPLES, FL 34104

Mailing Address
 571 AIRPORT ROAD NORTH
 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3394729 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEAF, STEVEN L
 571 AIRPORT ROAD NORTH
 NAPLES, FL 34104

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

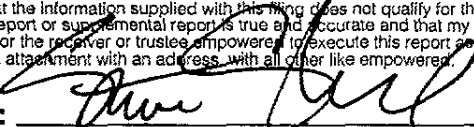
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEAF, STEVEN L
STREET ADDRESS	571 AIRPORT ROAD NORTH
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	D
NAME	SHEAF, WILLIAM
STREET ADDRESS	571 AIRPORT ROAD N
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	D
NAME	SHEAF, WILLIAM M
STREET ADDRESS	571 AIRPORT ROAD N
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000078257
 03/08/04-80019-025 150.00

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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)(b), 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:  Date: 3/3/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR