

**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



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

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	

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03/08/04-80019-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #