

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90383 039 \*\*\*150.00



**DOCUMENT # P0400078804**

1. Entity Name  
**10.000 ISLANDS TOUR COMPANY, INC.**

Principal Place of Business

**25000 TAMAMI TRAIL E  
 NAPLES FL 34114  
 US**

Mailing Address

**P.O. BOX 1926  
 LEHIGH ACRES FL 33970  
 US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

**25000 Tamami Trail E**

Suite, Apt. #, etc.

3. Mailing Address

**12693 Tamami Trail E**

Suite, Apt. #, etc.

**Box 205**

City & State

**Naples, FLA**

City & State

**Naples FLA**

4. FEI Number

**760758585**

Applied For

Not Applicable

Zip

**34114**

Country

**Collier**

Zip

**34113**

Country

**Collier**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWNLEE, JEROME  
 2201 E 5TH STREET  
 APT. 12  
 LEHIGH ACRES FL 33972**

7. Name and Address of New Registered Agent

Name **Jerome Brownlee**

Street Address (P.O. Box Number is Not Acceptable)

**12693 Tamami Trail E**

City

**Naples**

FL

Zip Code

**34113**

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

*Jerome Brownlee*

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BROWNLEE, JEROME	P.O. BOX 1926	LEHIGH ACRES FL 33970	<input type="checkbox"/>
S,T	BLACK, CHARLES	14821 ARCHER HALL ST	DAVIE FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		12693 Tamami Trail E		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jerome Brownlee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/05 239-393-2120**

Date

Daytime Phone #