

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 012 ***150.00

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01082004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1713156** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MASON, KAREN M.
918 SE 46TH LANE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	P	<input type="checkbox"/> Delete
NAME	LEE, THOMAS	
STREET ADDRESS	831 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SE	<input type="checkbox"/> Delete
NAME	WHITLOCK, SCOTT	
STREET ADDRESS	3618 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, ILAMARIE	
STREET ADDRESS	4226 DEK PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, CATHY	
STREET ADDRESS	4306 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PE	<input type="checkbox"/> Delete
NAME	HARDWICK, JO	
STREET ADDRESS	4002 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISLER, DONALD	
STREET ADDRESS	808 S.E. 46TH LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO HARDWICK	
STREET ADDRESS	4002 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS LEE	
STREET ADDRESS	831 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT WHITLOCK	
STREET ADDRESS	3618 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES REDECKER	
STREET ADDRESS	4226 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #