


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 512674	
1. Entity Name FELGER, INCORPORATED	

Principal Place of Business 4020 DEL PRADO BLVD CAPE CORAL, FL 33904	Mailing Address 4020 DEL PRADO BLVD CAPE CORAL, FL 33904
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1692174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FELGER, JERRY L. 3716 SE 12TH PLACE CAPE CORAL, FL 33904
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**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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	D GUERRA, KECIA D 1311 SE 11TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FELGER, CAROL A. 3716 S.E. 12TH PLACE CAPE CORAL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELGER, MATTHEW 3716 SE 12TH PLACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, FERNANDO 1311 SE 11TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD FELGER, JERRY L. 3716 SE 12TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELGER, ADRIENNE 3716 SE 12TH PLACE CAPE CORAL, FL 33904

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04/11/05-80062-022 150.00

**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)(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: *Carol A. Felger* **CAROL A. FELGER** *4/4/05* *239-542-1147*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #