

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 024 \*\*\*150.00

**DOCUMENT # 645913**

1. Entity Name

ESTERO BAY PROPERTIES, INC.



Principal Place of Business

7401 ESTERO BLVD.  
P.O. BOX 2459  
FORT MYERS BEACH FL 33931

Mailing Address

7401 ESTERO BLVD.  
P.O. BOX 2459  
FORT MYERS BEACH FL 33932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1998675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, KITTY  
13741 DOWNING LANE Q-2  
FORT MYERS FL 33919

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**

**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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, KITTY	
STREET ADDRESS	13741 DOWNING LN Q-2	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL F.	
STREET ADDRESS	% BAY BEACH, 7401 ESTERD BLVD	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAKIM, JOSEPH	
STREET ADDRESS	% BAY BEACH, 7401 ESTERD BLVD.	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FENTON, JACKLY TAYLOR	
STREET ADDRESS	9124 IRVING ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, NANCY	
STREET ADDRESS	210 ESTRELITA ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 #

*Kitty Taylor* KITTY TAYLOR

1/28/04 (239) 482-1646