


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90543 030 ****61.25

DOCUMENT # 770462
 1. Entity Name
 OLD PUNTA GORDA, INC.



Principal Place of Business
 118 SULLIVAN ST
 PUNTA GORDA, FL 33950 US

Mailing Address
 P.O. BOX 510595
 PUNTA GORDA, FL 33951-0595 US

14014721



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04222005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2361235 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KNOWLTON, GARY
 1625 MONTIA CT.
 PUNTA GORDA, FL 33950

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 *Joann Cassidy* DATE *April 29, 2005*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOWLTON, GARY B 1625 MONTIA CT. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joann Cassidy 674 Trabue Ave Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MUCCIO, AUDREY 25338 PUERTA DRIVE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, FRAN 1512 RIO DE JANEIRO PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y <input type="checkbox"/> Change <input type="checkbox"/> Addition Nancy L. Lisby 527 W. Palm Ave P.O. Box 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WROBBEL, HELEN 8030 RIVERSIDE DR PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helene Wrobbel <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ROBERT 320 SHREVE STREET PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Parker - Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Joann Cassidy* *Joann Cassidy* 4-28-05 941-505-8000
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #