2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F00000003010 04-19-2004 90336 047 ***150.00 SELLPLACE.COM, INC. Principal Place of Business Mailing Address 3585 EDGEWOOD AVE FORT MYERS FL 33916 PO BOX 9208 FORT MYERS FL 33902 UUTTUUUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0878477 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agant Name ANDERSON, CARLAMAE ___ 3585 EDGEWOOD AVE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33916 City 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, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTC Delete Change ☐ Addition NAME ANDERSON, CARLAMAE NAME 3585 EDGEWOOD AVE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE Change ☐ Addition 1 Camentz CAMENTZ, AL NAME NAME Lavers Ct. 257 STREET ADORESS 13500 SIESTA PINE COURT STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33905 CITY-ST-ZIP TITLE ... 🔲 Delete MLE ■ Addillon NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS CITY-ST-7IP 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 attachmant with an address, with all officer like empowered.

239-823-1362

FILED

May 03, 2004 8:00 am



Check Image ...

Customer Name: CARLAMAE ANDERSON

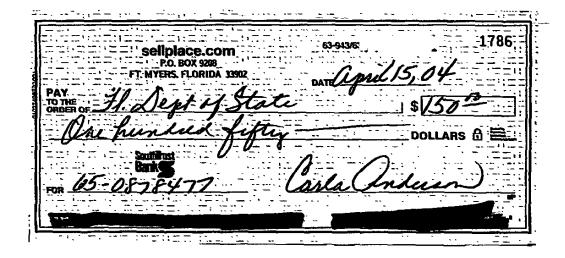
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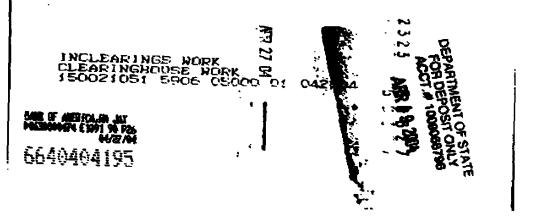
Acct Nickname: Checking

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Date Processed: 04/28/2004

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