
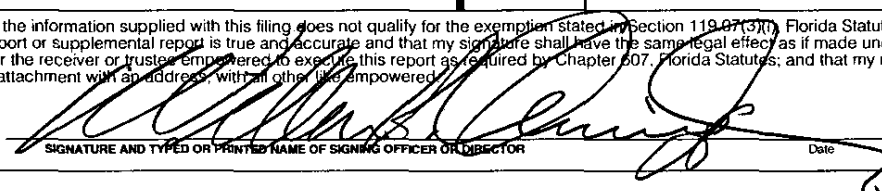


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90029 005 \*\*\*150.00

<b>DOCUMENT # F03000006259</b>					
1. Entity Name <b>WILLIAM R. CUNNINGHAM INVESTMENTS, INC.</b>					
Principal Place of Business <b>16920 TIMBERLAKES DRIVE FORT MYERS, FL 33908</b>			Mailing Address <b>120 NORTH MAIN STREET ANNA, IL 62906</b>		
2. Principal Place of Business <b>7370 College Parkway</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. <b>Unit 303</b>		Suite, Apt. #, etc.		03222004 Chg-P CR2E034 (10/03)	
City & State <b>Fort Myers, FL</b>		City & State		4. FEI Number <b>37-1396962</b>	
Zip <b>33907</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JURSINSKI, KEVIN F P.A. 2222 SECOND STREET FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name <b>Kevin F Jursinski PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7800 University Pointe Drive Suite 200</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CST CUNNINGHAM, WILLIAM R 16920 TIMBERLAKES DRIVE FORT MYERS, FL 33908</b> <input 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	<b>DP CUNNINGHAM, SHIRLEY R 16920 TIMBERLAKES DRIVE FORT MYERS, FL 33908</b> <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		
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)(f), 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: 				Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				618-833-7775 Daytime Phone #	