

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33540

FILED
Mar 16, 2005
Secretary of State

Entity Name: CALUSA MOUND CORP.

Current Principal Place of Business:

CALUSA ISLAND
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

C/O SPIKOWSKI PLANNING ASSOCIATES
1617 HENDRY STREET, STE 416
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-2176067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIKOWSKI, WILLIAM M
1617 HENDRY ST
STE 416
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SPIKOWSKI, WILLIAM M,
Address: 1617 HENDRY STREET STE 416
City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete
Name: ACKERMAN, ALISON,
Address: 1617 HENDRY STREET STE 416
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: CHAPIN, EDWARD D,
Address: PO BOX 343 CALUSA ISLAND
City-St-Zip: BOKEELIA, FL 33922

Title: PD () Delete
Name: JOHNSON, FREDERICK K
Address: 8871, 6911 NW 87TH AVE, SUITE A
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ANDREWS, INC.,
Address: 9053 MATTHEWS RD
City-St-Zip: SPRING ARBOR, MI 49283

Title: D () Change (X) Addition
Name: CALUSA LAND TRUST &, NATURE PRESERV E OF PI
Address: P.O. BOX 216
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. SPIKOWSKI

TD

03/16/2005

Electronic Signature of Signing Officer or Director

Date