
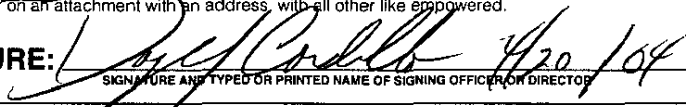


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90172 046 \*\*\*150.00

<b>DOCUMENT # F95000000119</b> 1. Entity Name <b>COOLIDGE - KEY LARGO REALTY CORP.</b>			
Principal Place of Business <b>2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917</b>		Mailing Address <b>2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917</b>	
2. Principal Place of Business <b>12800 UNIVERSITY DR.</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>FORT MYERS, FL</b> Zip <b>33907</b> Country <b>USA</b>		3. Mailing Address <b>12800 UNIVERSITY DR.</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>FORT MYERS, FL</b> Zip <b>33907</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>CALLAHAN, W SCOTT 37 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME ROSEN, MICHAEL STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME 12800 University Dr., Ste 400 STREET ADDRESS Fort Myers, FL 33907 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CLARK, DAVID STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME 12800 University Dr., Ste 400 STREET ADDRESS Fort Myers, FL 33907 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CORDELLO, DOUG STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME 12800 University Dr., Ste 400 STREET ADDRESS Fort Myers, FL 33907 CITY-ST-ZIP	<input checked="" 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
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)(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 # _____	