

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 026 ***150.00

14003325



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0765452 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDS, ALAN B
3030 HORSESHOE DRIVE SOUTH SUITE 200
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name Antonio Faga
Street Address (P.O. Box Number is Not Acceptable) 7955 Airport Road North
Suite 101
City Naples FL Zip Code 34109

8. The above named entity submit 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

Signature, by principal, owner, registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PETERSON, BRENT	
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FIELDS, ALAN B	
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERIE, ELROY E	
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH SUITE 200	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowell Fisher	
STREET ADDRESS	3030 Horseshoe Dr S #200	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Stutzman	
STREET ADDRESS	5580 Eskro Blvd.	
CITY-ST-ZIP	Ft. Myers Beach FL 33931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Postema	
STREET ADDRESS	358 Bayshore Dr.	
CITY-ST-ZIP	Cape Coral FL 33904	

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: BRENT PETERSON / PRESIDENT April 26, 2005 239.430.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #