

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 040 ***150.00

DOCUMENT # F98000006105

1. Entity Name
SELF-FUNDED SERVICES, INC.



Principal Place of Business
**5147 CASTELLO DRIVE
NAPLES, FL 34103**

Mailing Address
**5147 CASTELLO DRIVE
NAPLES, FL 34103**

24073911



02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2540308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLASS III, SAMUEL W
559 NEAPOLITAN LANE *23878 Sanctuary Lakes Court*
NAPLES, FL 34103 *Bonita Springs, FL 34134*

**DO NOT WRITE
IN THIS SPACE**

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 *Samuel W. Douglass III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

28 April 2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCTD
NAME	DOUGLASS III, SAMUEL W
STREET ADDRESS	559 NEAPOLITAN LANE <i>23878 Sanctuary Lakes Court</i>
CITY-ST-ZIP	NAPLES, FL <i>Bonita Springs, FL 34134</i>
TITLE	SD
NAME	DOUGLASS, ROSE
STREET ADDRESS	559 NEAPOLITAN LANE <i>23878 Sanctuary Lakes Court</i>
CITY-ST-ZIP	NAPLES, FL <i>Bonita Springs, FL 34134</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Samuel W. Douglass III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #