

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90073 005 ***150.00

DOCUMENT # G03951

1. Entity Name
FIDDLER'S GREEN REALTY OF ENGLEWOOD, INC.



Principal Place of Business Mailing Address
6800 PLACIDA RD. ENGLEWOOD, FL 34224

50015146



01242005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2231159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPADE, ROBERT W.
6800 PLACIDA ROAD
ENGLEWOOD, FL 34224**

7. Name and Address of New Registered Agent

Name
JAY WETHERILL
Street Address (P.O. Box Number is Not Acceptable)
6800 PLACIDA Rd
City
Englewood FL Zip Code
34224

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 **Jay Wetherill**

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

(NOTE: Registered Agent signature required when resigning)

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	STD	<input checked="" type="checkbox"/> Delete
NAME	SPADE, JOAN M.	
STREET ADDRESS	6800 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPADE, ROBERT W.	
STREET ADDRESS	6800 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAIS, KELLY E.	
STREET ADDRESS	90 SPY GLASS ALLEY	
CITY-ST-ZIP	CAPE HAZE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPADE, DAVID A.	
STREET ADDRESS	6800 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY WETHERILL	
STREET ADDRESS	6800 PLACIDA Rd	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jay Wetherill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05
Date

941-697-8454
Daytime Phone #