## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H46235**

1. Entity Name

FORT MYERS CONVERTIBLES, INC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

14910 N. CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 Mailing Address

14910 N. CLEVELAND AVENUE NORTH FORT MYERS, FL 33903



## DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2536062 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANITSTEIN, JEFFREY 14910 N. CLEVELAND AVE FT. MYERS BEACH, FL 33903

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent	urpose of changing its registere	ed office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signatura	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIREC	TORS		*****U00000944436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANITSTEIN, JEFFREY 18547 DEEP PASSAGE LN SW FT. MYERS, FL				_05/29/08-80098-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			t.	41	Gilla G.
TITLE					

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 expowered 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: <

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/29/08

1239-995-7632 Daylune Phone \*