

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 020 ***150.00

40054001



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0755096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHEY, DAVID W JR
PINE RIDGE ROAD
FT MYERS, FL

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

**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: VD
NAME: WRIGHT, BRUCE A
STREET ADDRESS: 3799 LIBERTY SQUARE
CITY-ST-ZIP: FORT MYERS, FL 33908

TITLE: VD
NAME: MATHEY, LINDA H
STREET ADDRESS: 1309 SEASPRAY LANE
CITY-ST-ZIP: SANIBEL, FL 33957

TITLE: PD
NAME: MATHEY, DAVID W., JR.
STREET ADDRESS: 1309 SEASPRAY LANE
CITY-ST-ZIP: SANIBEL, FL 33957

TITLE: STD
NAME: WRIGHT, KATHERINE M.
STREET ADDRESS: 3799 LIBERTY SQUARE
CITY-ST-ZIP: FORT MYERS, FL 33908

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: Katherine M. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/05 239-466-2616
Date Daytime Phone #