


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90004 025 \*\*\*150.00

**DOCUMENT # J68106**  
 1. Entity Name  
**CANAL POINT MAINTENANCE CO.**



Principal Place of Business Mailing Address  
**10 HELEN LANE** **10 HELEN LANE**  
**FT. MYERS BEACH FL 33931-2940** **FT. MYERS BEACH FL 33931-2940**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2798743** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent  
**JENSEN, MARIJANE**  
**31 NANCY LANE**  
**FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent  
 Name **HARVILL, DAN M**  
 Street Address (P.O. Box Number is Not Acceptable) **52 EMILY LANE**  
 City **FT MYERS BEACH, FL** FL Zip Code **33931**

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 *Dan M. Harvill* *DAN M. HARVILL* *1 SEPT 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOECKE, MARY JO 54 EMILY LANE FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLTAREL, LOU 71 NANCY LANE FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUE WERTZ 50 OYSTER BAY LANE FT. MYERS BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEASLEY, BOB 390 PALERMO CIR FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JENSEN, MARIJANE 31 NANCY LANE FT. MYERS BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAG, JAMES 60 EMILY LANE FT MYERS BCH FL 33931 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARVILL, DAN M 52 EMILY LANE FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dan M. Harvill* *DAN M. HARVILL* *1 SEPT 2004* *239 565-0909*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #