## 2005 FOR PROFIT CORPORATION

## Jul 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # K00321** 07-28-2005 90001 014 \*\*\*550.00 1. Entity Name LODGE CONSTRUCTION, INC. Mailing Address Principal Place of Business 50058137 2161 MCGREGOR BLVD. 2161 MCGREGOR BLVD. **UNIT B** UNIT B FT. MYERS, FL 33901 FT. MYERS, FL 33901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 65-0021668 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNN, CABOT L., JR. 1223 TWIN PALMS FORT MYERS, FL 33919 - 111th 8. The above named entity subning this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 6-30-05 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, fresident Dunn, Cabet L., Ir. PST Change Change Addition TITLE Delete HILE DUNN, CABOT L JR. NAME 39331 Washington Loop Rd Punta Gorda FL 33982 1223 TWIN PALM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33919 COB ☐ Delete TITLE ☐ Change ☐ Addition TITLE DUNN, SYLVIA L NAME NAME STREET ADDRESS 1780 WHISKEY CREEK DR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP □ Change TITLE Delete ■ Addition DUNN, MICHAEL T MAME NAME 18361 TELEGRAPH CREEK DR STREET ADDRESS STREET ADDRESS ALVA, FL 33920 CITY -ST-ZIP CITY-ST-7IP Defete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 ampowered to execute his 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 fifther aguiness with all other like expowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Defete

06.30-05

☐ Change

■ Addition

FILED