

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90015 014 ***150.00

40007000



01142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0102401

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

JAY A. BRETT
2121 W. FIRST STREET
FT. MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9100 College Pointe Court
City Fort Myers FL Zip Code 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete
NAME	BRETT, JAY A.	
STREET ADDRESS	2121 W. FIRST ST.	
CITY-ST-ZIP	FT MYERS FL,	
TITLE	D	☐ Delete
NAME	STEWART, JOHN F.	
STREET ADDRESS	2121 W. FIRST ST.	
CITY-ST-ZIP	FT MYERS FL,	
TITLE	D	☐ Delete
NAME	CRAIG R HERSH	
STREET ADDRESS	2121 W. FIRST ST	
CITY-ST-ZIP	FT MYERS, FL	
TITLE	D	☐ Delete
NAME	KINSEY, JR., D. HUGH	
STREET ADDRESS	2121 W. FIRST ST.	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	9100 College Pointe Court
CITY-ST-ZIP	Ft Myers FL 33919
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	9100 College Pointe Court
CITY-ST-ZIP	Ft Myers FL 33919
TITLE	☒ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 234-334-1141