


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90203 044 ***150.00

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| DOCUMENT # K86789 |  |
| 1. Entity Name WIEBEL, HENNELLS & CARUFE, P.A. | |

40024551



01132005 Chg-P CR2E034 (10/03)

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| Principal Place of Business 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 US | Mailing Address 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 US |
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| 2. Principal Place of Business 9420 Bonita Beach Rd. Suite, Apt. #, etc. Suite 200 | 3. Mailing Address 9420 Bonita Beach Rd. Suite, Apt. #, etc. Suite 200 |
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|------------------------------------|------------------------------------|
| City & State Bonita Springs, FL | City & State Bonita Springs, FL |
| Zip 34135 | Country US |
| Zip 34135 | Country US |

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| 4. FEI Number 65-0116709 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WIEBEL, DOUGLAS E 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9420 Bonita Beach Rd, Suite 200 City Bonita Springs FL Zip Code 34135 | |

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WIEBEL, DOUGLAS E 9240 BONITA BEACH RD STE 3305 BONITA SPGS, FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste 200 Bonita Springs, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HENNELLS, SCOTT D 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste 200 Bonita Springs, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CARUFE, NELIDA 9240 BONITA BCH RD STE 3305 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 Bonita Beach Rd, Ste 200 Bonita Springs, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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)(f), 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: Douglas E. Wiebel 2/25/05 239-992-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #