2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-22-2004 90030 041 ****61.25
FILED L03000016649
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000016649

1. Entity Name

Easy Way Realty of S.W. Florida, LLC

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2. Principal Place of Business	3. Mailing Address
14 Del Prado Boulevard North	14 Del Prado Boulevard North
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33909 Country: USA	Zip: 33909 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Joseph A. Troiano

Street Address (P.O. Box Number is Not Acceptable): 2320 First Street, Suite 1000

City: Fort Myers FL Zip Code: 33901

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: Joseph A. Troiano 12/22/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Charles R. Davis
STREET ADDRESS	3765 East 82nd St Suite 120
CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	Senior Vice President & General Manager
NAME	Lewis Roberts
STREET ADDRESS	13671 Parkcrest Blvd Apt 622
CITY-ST-ZIP	Ft Myers, Fl 33912-4382
TITLE	Secretary
NAME	Karen Coggins
STREET ADDRESS	1217 SE 23rd Ave
CITY-ST-ZIP	Cape Coral, Fl 33990
TITLE	Asst. Secretary
NAME	Dee Harding
STREET ADDRESS	6881 Princess Lane
CITY-ST-ZIP	Avon, IN 46123
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R Davis Charles R Davis 1/5/04 239-261-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #