## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L58861

SHEILA FINN CONDO & HOUSE SITTING, INC.

| 0112.011   |  |   |   |   |                          |   |                               |                                     |  |
|--|--|---|---|---|--------------------------|---|-------------------------------|-------------------------------------|--|
| Principal Place  | e of Business  | Mailing Address                                   |   |   |                          | 1 19811011 B\$1 \$(1\$) 19101 18110                                       |                               |                                     |  |
| 12391 KELLY SANDS WAY<br>FT MYERS FL 33908   |  | 12391 KELLY SANDS WAY<br>FT. MYERS FL 33908<br>US |   |   | DO NOT WE                | ITE IN THIS   | SPACE .                       |                                     |  |
| U\$ -  |  | US  |   |   | <del>-</del>             | 3. Date Incorporated or Qualifer 03/16/1990                               | <u> </u>                      |                                     |  |
| <del>,</del> '   | face of Business   | 2a. Mailing Address                               |   |   |                          | 4. FEI Number<br>65-0186774   |                               | $\vdash$                            | pplied For<br>lot Applicable           |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                               |   |   |                          | 5. Certifcate of Status Desired   |                               | \$8.75                              | Additional Required                    |
| City & State   | e  | City & State                                      | ·   |   |                          | 6. Election Campaign Financing  |                               |                                     | May Be                                 |
| 23   |  | 28  | 0   |   |                          | Trust Fund Contribution   |                               |                                     | to Fees                                |
| Zip  | Country  | Zip   | Countr  | У   |                          | <ol><li>This corporation owes the cu<br/>Personal Property Tax.</li></ol> | rrent year Int                | angible .<br>□Yes                   | □No                                    |
| 24   | 9. Name and Address of Curre   |   | 30  |   | 1                        | 0. Name and Address of New  | Registered                    |                                     |  |
|  | 5. Maille also Address of Curr   | ent Negistered Agent                              | 8   | Name  |                          |   |                               |                                     |  |
|  | I, SHEILA<br>DI KELLY SANDS WAY  |   | 8:  | Street  | t Address                | (P.O. Box Number is Not Accept  | table)                        |                                     |  |
|  | MYERS FL 33908   |   | 8   | 3   |                          |   | Prince Service                |                                     |  |
|  |  |   | 8   | l City  |                          |   | <u> </u>                      | 85 Zip                              | Code                                   |
|  | ,  |   |   | '   |                          |   | <u> </u>                      | .   `   `                           | <u> </u>                               |
| office or n  | to the provisions of Sections 607.03 egistered agent, or both, in the Stat | le of Florida. Such change was a                  | authorized b  | / the corp  | d corporat<br>poration's | tion submits this statement for the<br>board of directors. I hereby acc   | e purpose of<br>ept the appoi | changing it<br>ntment as r          | s registered<br>egistered              |
| agent. La  | m familiar with, and accept the oblig                                      | gations of, Section 607.0505, Flo                 | orida Statute   | S.  |                          |   |                               |                                     |  |
|  |  |   |   |   |                          |   |                               |                                     |  |
| SIGNATURE  | Standard typed or printed name of registered at                            | nent and title if applicable. (NOT)               | E: Registered Ag  |   | a required whe           | en reinstating)   | DATE                          | •                                   |  |
| SIGNATURE  | Signature, typed or printed name of registered at OFFICERS A               | gent and title if applicable. (NOTI               | E: Registered Ag  |   | a required whe           | an reinstating) ADDITIONS/CHANGES TO O                                    |                               | D DIRECT                            | ORS IN 12                              |
| SIGNATURE  |  | ,           |   |   | a required whe           |   |                               | D DIRECT                            |  |
| SIGNATURE  | OFFICERS A D FINN, SHEILA  | AND DIRECTORS                                     | 13.   | ent signature   | a required whe           | ADDITIONS/CHANGES TO O  |                               |                                     |  |
| SIGNATURE  12.  TITLE  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS                                     | 13.<br>1.1 TITLE<br>1.2 NAME  | ent signature   |                          | ADDITIONS/CHANGES TO O  |                               |                                     |  |
| SIGNATURE  12.  TITLE  NAME  | OFFICERS A D FINN, SHEILA  | AND DIRECTORS ☐ DELETE .                          | 13.<br>1.1 TITLE<br>1.2 NAME  | ent signature   |                          | ADDITIONS/CHANGES TO O  |                               | Change                              | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS                                     | 13.<br>1.1 TITLE<br>1.2 NAME<br>13 STRE   | ent signature   |                          | ADDITIONS/CHANGES TO O  |                               |                                     | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS ☐ DELETE .                          | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STRE<br>1.4 CITY-   | ent signature   |                          | ADDITIONS/CHANGES TO O  |                               | Change                              | Addition                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS ☐ DELETE .                          | 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME  | ent signature   | s                        | ADDITIONS/CHANGES TO O  |                               | Change                              | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS  DELETE  DELETE                     | 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY  | ent signature ET ADDRESS ST-ZIP   | s                        | ADDITIONS/CHANGES TO O  |                               | ☐ Change                            | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS ☐ DELETE .                          | 13. 1.1 TITLE 12 NAME 13 STRE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  |                               | Change                              | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS  DELETE  DELETE                     | 13. 1.1 TITLE 12 NAME 13 STRE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME   | et address<br>ST-ZIP<br>Et address<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  |                               | ☐ Change                            | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS  DELETE  DELETE                     | 13. 1.1 TITLE 12 NAME 13 STRE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  |                               | ☐ Change                            | Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | DELETE  DELETE  DELETE                            | 13. 1.1 TITLE 12 NAME 13 STRE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY   | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  | FFICERS AN                    | ☐ Change                            | Addition Addition                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY                           | AND DIRECTORS  DELETE  DELETE                     | 13. 1.1 TITLE 12 NAME 13 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  | FFICERS AN                    | ☐ Change                            | Addition Addition                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY FT. MYERS FL 33908        | DELETE  DELETE  DELETE                            | 13. 1.1 TITLE 12 NAME 13 STRE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAME  | et address<br>ST-ZIP<br>et address<br>ST-ZIP<br>et address<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  | FFICERS AN                    | ☐ Change                            | Addition Addition                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY FT. MYERS FL 33908        | DELETE  DELETE  DELETE                            | 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STRE   | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | s                        | ADDITIONS/CHANGES TO O  | FFICERS AN                    | ☐ Change                            | Addition Addition                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS A  D FINN, SHEILA 12391 KELLY SANDS WAY FT. MYERS FL 33908        | DELETE  DELETE  DELETE  DELETE                    | 13. 1.1 TITLE 12 NAME 13 STRE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP                | s                        | ADDITIONS/CHANGES TO O  | FFICERS AN                    | ☐ Change                            | Addition  Addition  Addition           |
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90058 048 \*\*\*150.00