

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90067 018 \*\*\*\*70.00

**DOCUMENT # N00000000757**

1. Entity Name

LO AND SLO FLYERS OF SOUTH WEST FLORIDA,  
INCORPORATED



Principal Place of Business

1790 NEW ST  
NORTH PORT FL 34286

Mailing Address

1790 NEW ST  
NORTH PORT FL 34286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1689859

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANZ, WARREN A  
3115 SCENIC VIEW DR  
PUNTA GORDA FL 33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MACK, ROBERT	
STREET ADDRESS	27205 JONES LOOP RD #36	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PHILBRICK, GLORIA	
STREET ADDRESS	1790 NEW ST	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RANZ, WARREN	
STREET ADDRESS	3115 SCENIC VIEW DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILBRICK, GLORIA	
STREET ADDRESS	1790 NEW ST	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, THOMAS A	
STREET ADDRESS	2201 DELMAR DR	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD ROBERT McDONAGH
STREET ADDRESS	149 LOS PALMAS BLVD
CITY-ST-ZIP	NO FT MYERS FL 33903
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:**

*Gloria Philbrick* GLORIA PHILBRICK, 1-27-04 941-423-0024  
PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #