

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 002 ****61.25

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01032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000004793			
1. Entity Name CORVETTES ON THE GULF, INC.			
Principal Place of Business 2313 SE 8TH TER. CAPE CORAL, FL 33990 US		Mailing Address 2313 SE8TH TER. CAPE CORAL, FL 33990 US	
2. Principal Place of Business 4225 SE 8TH AVE		3. Mailing Address 4225 SE 8TH AVE	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33904		Country USA	
4. FEI Number 20-0035897		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALLENT, GENE 2313 SE8TH TER. CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name CARL HEWITT Street Address (P.O. Box Number is Not Acceptable) 4225 SE 8TH AVENUE CAPE CORAL FL Zip Code 33904	
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 <i>X Carl Hewitt</i>		DATE 1-3-2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALLENT, GENE 2313 SE 8 TERRACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARL HEWITT 4225 SE 8TH AVE CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSEN, JOSEPH 425 SW 49TH LANE CAPE CORAL, FL 33914 <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	T DINARDO, MARIO V 4027 RECREATION LANE NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY HEITMAN 4922 TRITON COURT W CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, JOHN 4423 SW 1ST AVE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONI ALTMAN 2207 NE 2ND STREET CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHART, LINDA 269 CAROLINA AVE FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYLLIS McLOUGHLIN 2927 S.W. 40TH STREET CAPE CORAL FL 33914 <input checked="" 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)(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: <i>X Carl Hewitt</i>		CARL HEWITT 1-3-05 540 4182 (239)	