

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000004841

Entity Name: LADY EVERBLADES, INC.

Current Principal Place of Business:

7025 MILL RUN CIR
NAPLES, FL 34109

New Principal Place of Business:

8359 BEACON BOULEVARD
401
FORT MYERS, FL 33907

Current Mailing Address:

P O BOX 2323
BONITA SPRINGS, FL 34133

New Mailing Address:

8359 BEACON BOULEVARD
401
FORT MYERS, FL 33907

FEI Number: 20-0936004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNE, DENISE
3722 LUZON STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: HENRY, LARK R
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: TV () Delete
Name: HORNE, DENISE
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: TT () Delete
Name: HORNE, DENISE
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: TS () Delete
Name: FIGUORA, JODI
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: T () Delete
Name: JACOBS, LISA
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: T () Delete
Name: WOLTERS, BEN
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TV (X) Change () Addition
Name: NOVAK, DENISE
Address: P.O.BOX 2323
City-St-Zip: BONITA SPRINGS, FL 34133

Title: TT (X) Change () Addition
Name: HORNE, DENISE
Address: 3722 LUZON STREET
City-St-Zip: FORT MYERS, FL 33901

Title: TS (X) Change () Addition
Name: HORNE, DENISE
Address: 3722 LUZON STREET
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE HORNE

TT

04/29/2005

Electronic Signature of Signing Officer or Director

Date