

ANNUAL REPORT (AR)

FILED

DOCUMENT # N24177

1. Entity Name

FLEET RESERVE ASSOCIATION OF SOUTHWEST
FLORIDA BRANCH AND UNIT 144, INC.

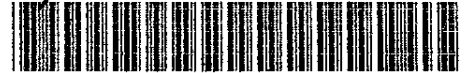
04 JUL 19 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

500 SUNSHINE BLVD
LEHIGH ACRES FL 33971
US

Mailing Address

PO BOX 1870
LEHIGH ACRES FL 33970
US02/16/04 01028 015 #5296
01/30/04 90079 006 #875

MOORE CR2E037 (11/03)

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

65-0047793

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DOWNS, LEE B.
PO BOX 1870
LEHIGH ACRES FL 33970

7. Name and Address of New Registered Agent

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, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARTLIEB, CARL
1446 SE 19TH LANE
CAPE CORAL FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOWNS, LEE
PO BOX 1870
LEHIGH ACRES FL 33970
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOWNS, LEE B.
PO BOX 33970
LEHIGH ACRES FL 33970
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CREWS, DEBRA D
4116 12TH STREET WEST
LEHIGH ACRES FL 33971
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
☒ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
☒ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
CHUCK ROBBINS
2124 MIDNIGHT ST
PORT CHARLOTTE FL 33948
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
T. R. GIBBONS
4112 10TH ST. W.
LEHIGH ACRES FL 33971
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEE B. DOWNS 1-24-04 239849668