


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N31105 1. Entity Name C-GULLS OF FORT MYERS, INC.	
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Principal Place of Business 14840 CRYSTAL COVE CT #503 FORT MYERS, FL 33919 US	Mailing Address 14840 CRYSTAL COVE CT #503 FORT MYERS, FL 33919 US
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRINGTON, PAT 14840 CRYSTAL COVE CT #503 FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRINGTON, PAUL 14840 CRYSTAL COVE CT #503 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRINGTON, PAT 14840 CRYSTAL COVE CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, ROGER 19861 SUMMERLIN RD., #233 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESKO, DAVID 3165 VENUS LANE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000176013
01/10/05-80074-D18 51.25

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: Pat Harrington Pat Harrington 1-4-2005 239-437-4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #