

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90260 028 \*\*\*\*61.25

<b>DOCUMENT # N31987</b> 1. Entity Name <b>ALICO INDUSTRIAL PARK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HOWARD PALEN 10181 SIX MILE CYPRESS PARKWAY STE A FORT MYERS, FL 33912</b>			Mailing Address <b>C/O HOWARD PALEN 10181 SIX MILE CYPRESS PARKWAY STE A FORT MYERS, FL 33912</b>		
2. Principal Place of Business <b>7851 Supply Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>7851 Supply Drive</b> Suite, Apt. #, etc.			
City & State <b>Fort Myers, Florida</b> Zip <b>33912</b>		City & State <b>Fort Myers, Florida</b> Zip <b>33912</b>		4. FEI Number <b>65-0178977</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALEN, HOWARD E. 10181 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name <b>Mark Wiles</b> Street Address (P.O. Box Number is Not Acceptable) <b>7851 Supply Drive</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b>	
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 <u><i>Mark Wiles</i></u> <b>Mark Wiles, Secy-Treas.</b> <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALEN, HOWARD E. 10181 SIX MILE CYPRESS PKWY, STE A FORT MYERS, FL 33912	<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	VPD WILES, WAYNE 7851 SUPPLY DR FT MYERS, FL 33912	<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	STD WILES, MARK 7851 SUPPLY DR. FORT MYERS, FL 33912	<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	   	<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	   	<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	   	<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: <u><i>Mark Wiles</i></u> <u>3/28/05</u> <u>239-267-7400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					