

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004119

1. Entity Name
ESTATES INTERNATIONALE, INC.



Principal Place of Business
959 PERIWINKLE WAY
SANIBEL, FL 33957

Mailing Address
959 PERIWINKLE WAY
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

8 F , , , , , , 0 - - 5 F &

03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1050578
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVELLI, JERRY J
959 PERIWINKLER WAY
SANIBEL, FL 33957

DO NOT WRITE
IN THIS SPACE

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 JERRY J Novelli
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reconstituting)

DATE

3/20-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000095503
03/24/04-80035-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NOVELLI, JOANNE B
1309 PARVIEW DRIVE
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 607, 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: X Joanne B. Novelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 04

Date

239 395 1200

Daytime Phone #