## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2005 08:00 AM Secretary of State

DOCUMENT # P0000056964  1. Entity Name			Secretary of State
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			04062005 No Chg-P CR2E034 (10/03)  4. FEI Number
SCHUMANN ESQ, RAYMOND L 27200 RIVERVIEW CENTE BLVD STE 103 BONITA SPRINGS, FL 34134			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  Signature, typed or printed rame of registered agent and title if applicable  (NOTE Registered Agent agenture required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.			
10. IITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DIRECTORS  DP FUHRMAN, SHERRY 9101 PITTSBURGH BLVD FT MYERS, FL 33912		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	S – BEATY, RYAN 9101 PITTSBÜRGH BLVD FORT MYERS, FL 33912	<u>-</u>	U00000301639 0 <u>4</u> /13/05-80039-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	77.		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

4-9-05

Date

239-489-4959 Dayline Phone #