

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087246

Entity Name: ANITA A. TOLLISON, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

7583 BONITA BLVD
NORTH FT MYERS, FL 33917

New Principal Place of Business:

7583 BONITA BLVD
NORTH FT MYERS, FL 33917 US

Current Mailing Address:

P.O. BOX 3467
NORTH FORT MYERS, FL 33918

New Mailing Address:

P.O. BOX 3467
NORTH FORT MYERS, FL 33918 US

FEI Number: 65-1043998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANITA A. GAUMOND
7583 BONITA BLVD
NORTH FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

WELLS, ANITA A
7583 BONITA BLVD
NORTH FT MYERS, FL 33917 US

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.

SIGNATURE: ANITA A. WELLS

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GAUMOND, ANITA A
Address: 7583 BONITA BLVD
City-St-Zip: NORTH FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WELLS, ANITA A
Address: 7583 BONITA BLVD
City-St-Zip: NORTH FT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA A. WELLS

MRS.

04/12/2005

Electronic Signature of Signing Officer or Director

Date