

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 008 ***150.00

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000091643 1. Entity Name FLORIDA TENT OF SW FL, INC.					
Principal Place of Business 4941 NORMANDY COURT CAPE CORAL, FL 33904			Mailing Address 4941 NORMANDY COURT CAPE CORAL, FL 33904		
2. Principal Place of Business 2450 Fowler ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Fort Myers, FL		City & State			
Zip 33901	Country Lee	Zip	Country	4. FEI Number 65-1044703	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOMNICK, CHERYL F 4941 NORMANDY COURT CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KOMNICK, CHERYL F 4941 NORMANDY CT CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KOMNICK, LARRY 4941 NORMANDY CT CAPE CORAL, FL 33904		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	
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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 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: <u>Cheryl F. Komnick</u> <u>Cheryl F. Komnick</u> <u>1-29-05</u> <u>239-694-5177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					