

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90021 002 ***150.00

DOCUMENT # P01000025579

1. Entity Name
LIKE KIND EXCHANGE CORPORATION



Principal Place of Business
**247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145**

Mailing Address
**247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145**

50000710



01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, PEGILEE H
247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MORRIS, PEGILEE H**
STREET ADDRESS **247 N COLLIER BLVD SUITE 202**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **P,D** ☒ Change ☐ Addition
NAME **Morris, Pegilee H.**
STREET ADDRESS **247 N. Collier Blvd., Suite 202**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pegilee H Morris

1/4/05



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000025579
Business Entity Name	LIKE KIND EXCHANGE CORPORATION
Original File Date	03/12/2001

FEI Number 65-1084895

Principal Address 247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145

Mailing Address 247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145

Registered Agent PEGILEE H MORRIS
247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145

Officer/Director Name And Address

D
PEGILEE H MORRIS
247 N COLLIER BLVD SUITE 202
MARCO ISLAND, FL 34145

If all of the above information is correct
and you do not wish to make any
changes, please select:

If you need to make changes to
the above information, please
select:

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