

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000027669

1. Entity Name
SANIBEL ACCOMMODATIONS INC.



Principal Place of Business

**1507 BASS CIR
FORT MYERS, FL 33919**

Mailing Address

**1507 BASS CIR
FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1106022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000**

**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

Todd Bootes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-04

**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**

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME BOOTES, TODD
STREET ADDRESS 1507 BASS CIR
CITY - ST - ZIP FORT MYERS, FL 33919

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03/01/04-80049-002 150.00

**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:

Todd Bootes **TODD BOOTES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

Date

Daytime Phone #