


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000029754 1. Entity Name CAPE ROMANO, INC.	
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Principal Place of Business 930 CAPE MARCO DRIVE, PH-3 MARCO ISLAND, FL 34145	Mailing Address 930 CAPE MARCO DRIVE, PH-3 MARCO ISLAND, FL 34145
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**DO NOT WRITE IN THIS SPACE**



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1091762	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R  
WOODWARD, PIRES 7 LOMBARDO, P.A.  
606 BALD EAGLE DR, STE 500 PO BOX ONE  
MARCO ISLAND, FL 34146-0001

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLON, DALE 930 CAPE MARCO DRIVE, PH-3 MARCO ISLAND, FL 34145
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000000045705  
02/11/04-80072-024 158.75

**DO NOT WRITE  
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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:  2-9-04 239 394 5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #