## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000061065**

1. Entity Name

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FORTINER COMMERCIAL REALTY, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

12811 KENWOOD LANE STE 115 FT MYERS, FL 33907 12811 KENWOOD LANE STE 115 FT MYERS, FL 33907



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1120989 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORTINER, A. D'ETTE 12811 KENWOOD LANE STE 115 FT MYERS, FL 33907

## 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   |   |   |  |                              |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered   |   |   |  | e required when reinstating) | DATE                                      |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                   | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |  |                              | 000000885301<br>04/18/08-80008-013 150.00 |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |  |                              |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>FORTINER, A. D'ETTE<br>12811 KENNWOOD LANE STE 115<br>FT MYERS, FL 33907 |   |  |                              |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  |                              |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  | DO NOT WRITE                 |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |  | IN THIS SPACE                |   |  |
| TITLE NAME STREET ADDRESS   |   |   |  |                              |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Date Date Day Despire Prone 8