2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000002656

1. Entity Name

FT. MYERS PROPERTY MANAGEMENT, INC.



Principal Place of Business

2125 S. FEDERAL HWY. FORT MYERS, FL 33912 Mailing Address

2125 S. FEDERAL HWY. FORT MYERS, FL 33912

FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90285 046 ***150.00



DO NOT WRITE IN THIS SPACE

20 20 60		
04062004	No Chg-P	CR2E034 (10/03)

Applied For 4. FEI Number 94-3414825 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY

6. Name and Address of Current Registered Agent

SUITE 101A FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the puions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or both, in the	e State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	OATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNE, WALTER 2101 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316				<u> </u>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO NO	OT WRITE	
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TITLE NAME STREET ADDRESS					į	

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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachme

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-764-1008