


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90095 014 ***150.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>2125 S Federal Hwy</i> Suite, Apt. #, etc.
City & State	City & State <i>FT Lauderdale FL</i>
Zip	Zip <i>33314</i>
Country	Country <i>Broward</i>



02252005 Chg-P CR2E034 (10/03)

4. FEI Number 94-3414825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY SUITE 101A FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name <i>Walter Sonne</i> Street Address (P.O. Box Number is Not Acceptable) <i>2101 S Federal Hwy</i> City <i>FT Lande.dale</i> FL Zip Code <i>33316</i>
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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 *Walter Sonne* DATE *2-25-05*

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D SONNE, WALTER 2101 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter Sonne* DATE *2-25-05* DAYTIME PHONE # *954-332-1125*

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