

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009171

**FILED**  
**Jan 21, 2004**  
**Secretary of State**

**Entity Name:** DOLPHIN REALTY OF PINE ISLAND, INC.

**Current Principal Place of Business:**

3339 STRINGFELLOW ROAD  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 175  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

**FEI Number:** 68-0478400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, WILLIAM M  
POWELL & STEINBERG, P.A.  
3515 DEL PRADO BLVD., SUITE 101  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GESSMANN, DON  
Address: 3211 MANATEE DRIVE  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: PSTD ( ) Delete  
Name: GESSMANN, AMY C  
Address: 3211 MANATEE DRIVE  
City-St-Zip: ST. JAMES CITY, FL 33956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY CAMILLE GESSMANN

PST

01/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date