

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 008 ***150.00

DOCUMENT # P02000074249 1. Entity Name VIEWES TO YOU, INC.			
Principal Place of Business 2266 CHANDLER AVENUE FORT MYERS, FL 33907		Mailing Address 2266 CHANDLER AVENUE FORT MYERS, FL 33907	
2. Principal Place of Business 7133 LYLE TERR #4 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6541 Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State FT. MYERS BEACH, FL	
Zip 33907		Zip 33932	
Country		Country	
4. FEI Number 54-2067230		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 CORCELLI, JUDITH L 2266 CHANDLER AVE FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name JUDITH L CORCELLI Street Address (P.O. Box Number is Not Acceptable) 7133 LYLE TERR. #4 City FT MYERS FL Zip Code 33907	
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 DATE 4-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORCELLI, J L <input checked="" type="checkbox"/> Delete PO BOX 4082 FT. MYERS BEACH, FL 33932	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORCELLI, J L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 6541 FT MYERS BEACH, FL 33932
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
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
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
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:		4-11-05 239-939-0844 <small>Date Daytime Phone #</small>	