2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90082 011 ***150.00

DOCUMENT # P02000121992

1. Entity Name
RENEE HUMBERT, P.A.

Principal Place of Business	Mailing Address
4142 SW 22ND COURT CAPE CORAL, FL 33914	4142 SW 22ND COURT CAPE CORAL, FL 33914

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9878 Mar Largo Circle	9878 Mar Largo Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Myers, FL	Fort Myers, FL
City & State	City & State
Zip 33919 Country USA	Zip 33919 Country USA

4. FEI Number 48-1286764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUMBERT, RENEE
4142 SW 22ND COURT
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name Renee Humbert
Street Address (P.O. Box Number is Not Acceptable)
9878 Mar Largo Circle
City Ft. Myers FL Zip Code 33919

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] 4/11/05
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. ☐ **$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	D HUMBERT, RENEE T 4142 SW 22ND COURT CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9878 Mar Largo Circle Ft. Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/11/05 239-565-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Renee Humbert