

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90088 050 ***150.00

DOCUMENT # P02000127572

1. Entity Name
GREAT DATES.COM, INC.



Principal Place of Business
2180 W. FIRST STREET, SUITE 504
FT. MYERS, FL 33901

Mailing Address
2180 W. FIRST STREET, SUITE 504
FT. MYERS, FL 33901

40070001



DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2304939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

HOBSON, THEODORE
1832 SE 40TH ST.
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent, and type if applicable

(NOTE: Registered Agent signature required when naming agent)

DATE

4-26-05

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

TITLE	P
NAME	HOBSON, THEODORE
STREET ADDRESS	2180 W. FIRST STREET, SUITE 504
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	P Theodore Hobson
NAME	1832 SE 40th St.
STREET ADDRESS	Cape Coral, FL 33904
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

239-479-5000

Dakota Phone