2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 30, 2004 8:00 am
Secretary of State
09-30-2004 90012 007 ***158.75

MOORE CR2E034 (4/04)

DOCUMENT # P03000012407

1. Entity Name

HEART OF THE EVERGLADES, INC.

Principal Place of Business	Mailing Address
2660 AIRPORT ROAD SOUTH NAPLES FL 34112	2660 AIRPORT ROAD SOUTH NAPLES FL 34112

2. Principal Place of Business	3. Mailing Address
905 Copeland Ave	PO BOX 119
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Everglades City, FL	City & State: Everglades City, FL
Zip: 34139 Country: Collier	Zip: 34139 Country: Collier

4. FEI Number 431997816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, JOHN F
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: Sammy Hamilton Jr.
Street Address (P.O. Box Number is Not Acceptable): 905 Copeland Ave PO BOX 119
City: Everglades City FL Zip Code: 34139

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: Sammy Hamilton Jr. — DATE: 9-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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	P/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAMMY HAMILTON Jr.	NAME	
STREET ADDRESS	PO BOX 119	STREET ADDRESS	
CITY-ST-ZIP	EVERGLADES City, FL 34139	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sammy Hamilton Jr. — 9-27-04 — 239-695-2158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #