

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90212 040 ***185.00

DOCUMENT # P03000050570

1. Entity Name
ALGIERS PLACE II, INC.



Principal Place of Business
**1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**

Mailing Address
**1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**

44044261



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
43-2014715

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent
Name
BOWEN A ARNOLD ESQ
Street Address (P.O. Box Number is Not Acceptable)
1520-360 ROYAL PALM SQ BLVD.
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 **BOWEN A ARNOLD, ESQ** DATE **4/24/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P, D Bowen A. Arnold 1520-360 Royal Palm Sq. Blvd. Fort Myers, Florida 33919	<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	VP, ST, D Eric C. Miller 1520-360 Royal Palm Sq. Blvd. Fort Myers, Florida 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **BOWEN A ARNOLD, PRESIDENT** DATE **4/24/04** DAYTIME PHONE # **239 275 8029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #