

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90011 001 \*\*\*150.00

<b>DOCUMENT # P03000058286</b> 1. Entity Name SW FL THE UPS STORE AD ASSOC., INC.					
Principal Place of Business 6708 LONE OAK BLVD. NAPLES, FL 34109			Mailing Address 6708 LONE OAK BLVD. NAPLES, FL 34109		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4915 RATTLESNAKE HMK RD.</b> Suite, Apt. #, etc.			
City & State City: <b>NAPLES, FL</b>		City & State City: <b>NAPLES, FL</b>		4. FEI Number <b>55-0844644</b>	
Zip <b>34113</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANTOR, MARILYN L</b> <b>6708 LONE OAK BLVD.</b> <b>NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAUSS, RONALD F 361 HARVARD LANE NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CYNTHIA LAFORGE MILES 4915 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MONDRY, KATHRYN M 8951 BONITA BCH RD. BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHARAD PATEL 8951 BONITA BEACH RD S6 S25 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ST. AMAND, NANCY 720 15TH ST. NW NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: <u>Cynthia LaForte Miles</u> CYNTHIA LAFORGE MILES 7-26-05 239-354-3500</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					