

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 004 ***150.00

DOCUMENT # P03000058561 1. Entity Name REMUS INC.					
Principal Place of Business 5225 SANDS BLVD CAPE CORAL, FL 33914			Mailing Address 5225 SANDS BLVD CAPE CORAL, FL 33914		
2. Principal Place of Business <i>16950 COLONY LAKES BLVD</i> Suite, Apt. #, etc.		3. Mailing Address <i>16950 COLONY LAKES BLVD</i> Suite, Apt. #, etc.			
City & State <i>FT. MYERS, FL</i> Zip <i>33908</i>		City & State <i>FT. MYERS, FL</i> Zip <i>33908</i>		4. FEI Number 55-0830686	
Country <i>Lee.</i>		Country <i>Lee</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF SO. FL. 13571 MCOREGOR BLVD STE 22 FT MYERS, FL 33919			7. Name and Address of New Registered Agent Name <i>HERITAGE TAX + CONSULTING SERVICES INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11220 METRO PKWY #3</i> City <i>FORT MYERS</i> FL Zip Code <i>33912</i>		
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 <i>[Signature]</i> DAVE GOLDBERG <i>4/5/05</i> 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	PD REMUS, DAYLEN 5225 SANDS BLVD CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMUS, DAYLEN 16950 COLONY LAKES BLVD. FT. MYERS, FL. 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REMUS, TIFFANY 5225 SANDS BLVD CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REMUS, TIFFANY 16950 COLONY LAKES BLVD. FT. MYERS, FL. 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: <i>[Signature]</i> Tiffany M. Remus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4-6-05</i> Daytime Phone # <i>239-489-4886</i>		