



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90034 021 \*\*\*150.00

<b>DOCUMENT # P03000059869</b> 1. Entity Name <b>PITSFORD, INC.</b>					
Principal Place of Business <b>2338 IMMOKALEE RD STE 101 NAPLES FL 34110</b>				Mailing Address <b>C/O ROBERT D. ROYSTON, JR, ESQ COSTELLO, SIMS &amp; ROYSTON PO DRAWER 60 FT MYERS FL 33906</b>	
2. Principal Place of Business <b>3686 YAKOBI LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3686 YAKOBI LANE</b> Suite, Apt. #, etc.			
City & State <b>NAPLES, FLORIDA</b>		City & State <b>NAPLES, FLORIDA</b>		4. FEI Number <b>33-1061743</b>	
Zip <b>34119</b>		Country <b>U.S.A.</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>ROYSTON, ROBERT D JR ESQ 12670 NEW BRITTANY BLVD STE 101 FT MYERS FL 33907</b>				7. Name and Address of New Registered Agent Name <b>JULIE LOCKWOOD-LEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3686 YAKOBI LANE</b> City <b>NAPLES</b> FL Zip Code <b>34119</b>	
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>J. Lockwood-Lee</i> <b>J. LOCKWOOD-LEE Director</b> DATE <b>02/26/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD-LEE, JULIE 2338 IMMOKALEE RD STE 101 NAPLES FL 34110	<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: <i>J. Lockwood-Lee</i> <b>J. LOCKWOOD-LEE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>02/26/04</b> DAYTIME PHONE # <b>592 9031</b>	