

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068163

1. Entity Name
CAPE CORAL REAL ESTATE MANAGEMENT, INC.



Principal Place of Business
2311 SANTA BARBARA BLVD
112
CAPE CORAL, FL 33991

Mailing Address
2311 SANTA BARBARA BLVD
112
CAPE CORAL, FL 33991

2. Principal Place of Business
4100 EVANS AVE
Suite, Apt. #, etc.
UNIT 17

3. Mailing Address
4404 SW 5TH AVE
Suite, Apt. #, etc.

City & State
FORT MYERS, FL
Zip 33901 Country USA

City & State
CAPE CORAL, FL
Zip 33914 Country USA

06152006 Chg-P CR2E034 (11/05)

4. FEI Number
57-1174088
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRACHER, GENE R
4404 SW 5TH AVE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Gene R. Bracher SECRETARY 6/26/06
(Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME BRACHER, KENNETH
STREET ADDRESS 1419 SW 53RD TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914 ☐ Delete

TITLE STD
NAME BRACHER, GENE R
STREET ADDRESS 4404 SW 5TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33914 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 five empowered.

SIGNATURE: Gene R. Bracher SECRETARY 7/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

FILED
06 JUL 17 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/3/06 90002041 150.00

