2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State 02-20-2004 90003 004 ***150.00

| 1 | . Entity Name | MENT # P030000794 | -/6 | | | U 91111 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|--|---|---|--|---|--------------------------------|--|---|--|
| 4 | Principal Place 1099-TAMIAM NAPLES, FL 3 | HTRAIL NORTH, SUITE 305 | Mailing Address 4099 TAMIAMI TRAIL NOR NAPLES, FL. 34103 | TH, SUITE 305 | | - 100 | .0040 | |
| | | ice of Business | 3. Mailing Address | St. N. | | | | |
| Γ | Suite, Apt. # | f, etc. | Suite, Apt. #, etc. | | 02172004 Chg-F | CR2E034 (10/03) | | |
| T | City & State | . F/ | City & State Naples, FL | | 4. FEI Number 54-21188 | | olied For Applicable | |
| 卜 | 34/03 | | 7 7 7 7 7 7 | Country A | 5. Certificate of Status De | esired \$8.75 Addit | tional | |
| - | 3410 = | 6. Name and Address of Current R | | <u> </u> | | Fee Required If New Registered Agent | | |
| - | | b. Halle and Address of Control | | Name Co | Carol Fitzgerald | | | |
| | | E Y, JUDITH E SAN BAY BLVD., SUITE 206- A | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | N APLES, F | | | 27 | 2742 14th 3t. N. | | | |
| | | | | 0.5 | | | | |
| L | | | | City Na | Vaples, FL Zip Cycle 34703 | | | |
| 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 Signatur | | | | | | | | |
| (| SIGNATURE_ | Signature, typed or printed name of legistered agent an | d title if applicable. (NOTE: He | egistered Agent signature req | uired when reinstating) | DATE | | |
| | | | | | | | | |
| | | E NOW!!! FEE IS \$150.00 ly 1, 2004 Fee will be \$550.0 | Selection Campaign Trust Fund Contrib | | \$5.00 May Be Added to Fees | | | |
| | | y 1, 2004 Fee will be \$550.0 OFFICERS AND D | Trust Fund Contrib | ution. | Added to Fees | TO OFFICERS AND DIRECTORS | | |
| T | After Ma | OFFICERS AND D | Trust Fund Contrib | ution. | Added to Fees | S TO OFFICERS AND DIRECTORS | S IN 11 | |
| | After Ma | OFFICERS AND E PResident Carol Fitzgerald 2742 1446 St. N | Trust Fund Contrib | 11. 11TLE | Added to Fees | | | |
| | After Ma 10. TITLE NAME | OFFICERS AND E PResident Carol Fitzgerald 3742 1446 St. N Naples, FL 34/0 | Trust Fund Contrib | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees | ☐ Change | ☐ Addition | |
| | After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND E PResident Carol Fitzgerald 3742 1446 St. N Naples, FL 34/0 | Trust Fund Contrib | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees | | | |
| | After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND E PResident Carol Fitzgerald 2742 1446 St. N Naples, FL 3416 Secretary mary Carol Fitzger 2742 1446 St. N | Trust Fund Contrib | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees | ☐ Change | ☐ Addition | |
| | After Ma 10. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND E PResident Carol Fitzgerald 2742 1446 St. N Naples, FL 3416 Secretary mary Carol Fitzger 2742 1446 St. N Naples, FC 3416 | Trust Fund Contrib | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Added to Fees | ☐ Change | 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 eath; 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: Carol At39 craid Caral fitzgeral | 2-18-04 | 239-434-8722 |
|---|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ARECTOR | Date | Daytime Phone # |