

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079830

FILED
Apr 24, 2007
Secretary of State

Entity Name: ILLUMISCAPES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

825 NEWELL TERR.
MARCO ISLAND, FL 341456627

New Principal Place of Business:

Current Mailing Address:

1083 N COLLIER BLVD. #220
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 90-0105282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUME, CRAIG D ESQ.
5801 PELICAN BAY BLVD., SUITE 103
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OJANOVAC, NICHOLAS M
Address: 7502 SAN GABRIEL LANE
City-St-Zip: NAPLES, FL 341097159

Title: D () Delete
Name: CLEARY, WESLEY D
Address: 825 NEWELL TERR.
City-St-Zip: MARCO ISLAND, FL 341456627

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY CLEARY

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date