



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90298 003 \*\*\*150.00

<b>DOCUMENT # P03000089317</b> 1. Entity Name <b>METRO DEVELOPMENT OF LEE COUNTY, INC.</b>							
Principal Place of Business <b>4235 SE 20TH PLACE UNIT B 402 CAPE CORAL, FL 33904</b>			Mailing Address <b>4235 SE 20TH PLACE UNIT B 402 CAPE CORAL, FL 33904</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1318 Lafayette St.</b>  Suite, Apt. #, etc.		<p><b>40068330</b></p>  <p>04212005    Chg-P    CR2E034 (10/03)</p>			
City & State		City & State <b>Cape Coral, FL</b>				4. FEI Number <b>20-0157751</b>	
Zip      Country		Zip      Country <b>33904      USA</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>SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Thomas W. Hill</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1318 Lafayette St.</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</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 <u><i>Thomas W. Hill</i></u> DATE <u><i>4-22-05</i></u> <small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	D SNOW, ROBERT A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	4235 SE 20TH PLACE #B402	NAME					
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	D SNOW, VIRGINIA A <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	4235 SE 20TH PLACE #B402	NAME					
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: <u><i>Robert A Snow</i></u> <u><i>4/22/05</i></u> <u><i>239 281-0944</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							