

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000092693

1. Entity Name
VIRTUAL SANIBEL, INCORPORATED



Principal Place of Business
**5892 SANIBEL - CAPTIVA ROAD
SANIBEL ISLAND, FL 33957**

Mailing Address
**5892 SANIBEL - CAPTIVA ROAD
SANIBEL ISLAND, FL 33957**



08112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3771431

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STRANGE, WILLIAM M
5892 SANIBEL - CAPTIVA ROAD
SANIBEL ISLAND, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
STRANGE, WILLIAM M
5892 SANIBEL - CAPTIVA ROAD
SANIBEL ISLAND, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTS
STRANGE, STEPHANIE L
5892 SANIBEL - CAPTIVA ROAD
SANIBEL ISLAND, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
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CITY - ST - ZIP

000000377653
09/07/05-80004-011 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/31/05

239 472 1603