


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000105548		
1. Entity Name FIDDLER'S GREEN NATURE TRAIL, INC.		
Principal Place of Business 6800 PLACIDA ROAD ENGLEWOOD, FL 34224	Mailing Address 6800 PLACIDA ROAD ENGLEWOOD, FL 34224	



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0325460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

SPACE, ROBERT W  
6800 PLACIDA ROAD  
ENGLEWOOD, FL 34224

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPADE, ROBERT W
STREET ADDRESS	6800 PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	HARRISON, ROBERT L
STREET ADDRESS	7142 CHAMPIONS LANE
CITY-ST-ZIP	WESTCHESTER, OH 45063
TITLE	D
NAME	MULKEY, LARRY
STREET ADDRESS	6800 PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	SPADE, DAVID
STREET ADDRESS	6800 PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80040-011 150.00

**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)(f), 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

2/14/05 941-  
698-4111  
Day Phone #