

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90002 008 ***150.00

DOCUMENT # P03000106173

1. Entity Name
D'ALESSANDRO-WOODYARD-HAUGEN PROPERTY
MANAGEMENT SERVICES, INC.



Principal Place of Business
7980 SUMMERLIN LAKES DR STE 201
FT MYERS, FL 33907

Mailing Address
7980 SUMMERLIN LAKES DR STE 201
FT MYERS, FL 33907

54021393

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0273475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODYARD, THOMAS
7980 SUMMERLIN LAKES DR STE 201
FT MYERS, FL 33907

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00

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

D
WOODYARD, THOMAS
7980 SUMMERLIN LAKES DR STE 201
FT MYERS, FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
D'ALESSANDRO, FRANK R
7980 SUMMERLIN LAKES DR STE 201
FT MYERS, FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HAUGEN, HERMAN
12651 WORLD PLAZA LN
FT MYERS, FL 33907

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ 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)(j), 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

Thomas Woodyard

Date

3/18/04

Daytime Phone #

239-454-5820