## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P03000108389 02-07-2005 90089 005 \*\*\*158.75 BRETTWESTON CORPORATION Principal Place of Business Mailing Address 6635 WILLOW PARK DRIVE 6635 WILLOW PARK DRIVE **5**0011096 × NAPLES, FL 34105 NAPLES, FL-34105 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 26-0075800 Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DEANGELIS, JOHN M** Street Address (P.O. Box Number is Not Acceptable) 6635 WILLOW PARK DRIVE NAPLES, FL 34105 City 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. DATE (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Change ☐ Addition DEANGELIS, JOHN M NAME NAME 2316 HARRIER RUN STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP CITY-ST-ZIF TITLE **VD** ☐ Defete TITLE Change ☐ Addition Heyward B. Starling 10090 Valiant Court No. 201 STARLING, HAYWARD NAME NAME 5145 COBBLE CREEK COURT NO. 104 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIE STD TITLE ☐ Defete TITLE Chânge ☐ Addition DIAMOND, DAVID B NAME NAME STREET ADDRESS 6635 WILLOW PARK DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE 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)(1). 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 arraddress with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED Feb 07, 2005 8:00 am