2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2004 8:00 am Secretary of State 07-16-2004 90007 012 ***150.00

| DOCUMENT # P03000138344 | | | | | | 07-16-20 | 004 90007 012 | 2 ***150.00 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|----------------------------------------------------|-------------------------|------------------------------------|------------------------------------------|----------------------------|--|
| 1. Entity Name OUT-N-OUT OF LEE COUNTY, INC. | | | | | | | | | |
| ¢ | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 5605 S.W. 14TH AVENUE | | 5605 S.W. 14TH AVENUE | | | | | 54000 | 000 | |
| CAPE CORAL, FL 33914 | | CAPE CORAL, FL 33914 | | | | | 54062 | 886 | |
| | · | | | | | | | | |
| | lace of Business 5 San Carlos Blvd | 3. Mailing Address 17105 San Carlos Blud | | Blid | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. AC | | 211 00 | 07132004 | Chg-P | CR2E034 (10/ | 03) | |
| HA 6 City & State | | City & State | | | | | | Applied For | |
| Fort Myers Death, FL | | Fort Myers | Beach, | FL 20-6 | | u = 2 = 0 = | | Not Applicable | |
| Zip 339 | Country | ^{Zip} 33431 | Country USA | | 5. Certificate | of Status Desired | □ \$8.75 Fee Red | Additional | |
| | 6. Name and Address of Current R | legistered Agent | | | 7. Name and | Address of New A | | 101100 | |
| FELLOWS, CYNTHIA B | | | | | | | | | |
| 5605 S.W. 14TH AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CAPE CO | RAL, FL 33914 | | | | | | | | |
| | | | City | | | | FL Zip | Code | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | gistered office or | register | ed agent, or bo | th, in the State of Flo | | with, and accept | |
| 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 Due by September 8, 2004 9. Election Campaign Fine Trust Fund Contribution | | | | | 00 May Be ed to Fees | In accordance v corporation did | vith s. 607.193(2) not receive the pr | (b), F.S., the ior notice. | |
| 10. | OFFICERS AND D | DIRECTORS. | 11 | | | /CHANGES TO OFF | ICERS AND DIRECT | TORS IN 11 | |
| TITLE | D CONTINA | ☐ Delete | TITLE NAME | D,\ | / P | | Cha | nge 🗌 Addition | |
| NAME Street Address | FELLOWS, CYNTHIA 8 5605 S.W. 14TH AVENUE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 | | CITY-ST-ZIP | | | | | | |
| TITLE NAME | D FELLOWS, GARY A | Delete | TITLE NAME | D, F | , | | Cha | nge 🗌 Addition | |
| STREET ADDRESS | 5605 S.W. 14TH AVENUE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 | | CITY-ST-ZIP | 2 - | · | · | | | |
| TITLE NAME | | Delete | TITLE NAME | 0,50 | ec ie-Klor | ionack: | ☐ Cha | nge Addition | |
| STREET ADDRESS | STRE | | | | | | | | |
| CITY-ST-ZIP | | F3 p.u. | CITY-ST-ZIP | Cap | e Coral | , A 3340 | | nna 🗆 Addition | |
| TITLE NAME | • | ☐ Delete | TITLE NAME | | | | ☐ Cha | nge 🗌 Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | □ Defete | CITY-ST-ZIP | | <u>.</u> | | | nge 🗀 Addition | |
| NAME | | Delete | NAME | | | | L 0110 | nge | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORESS CITY-ST-ZIP | | | | | .; | |
| TITLE | 4 | - · · Delete | TITLE - | - | | | Chai | nge Addition | |
| NAME STREET ADDRESS | 2 Marchen Lag | 1 - | NAME | | | اگداد في در | to the man in the | , d. | |
| STREET ADDRESS CITY-ST-ZIP | The second frame to the second for the second frame to the second | • | STREET ADDRESS CITY-ST-ZIP | | * 6 | | | | |
| 12. I hereby | t certify that the information supplied with t | this filing does not qualify for the | ne exemption sta | ted in Se | ction 119.07(3) | (i), Florida Statutes. I | I further certify that t | he 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: X Dru X Concerski 7-14-04 259-466-8878 | | | | | | | | | |
| | SIGNATINE AND TYPED OF PE | WATER NAME OF SIGNING OFFICER OF | DIRECTOR | | - | Dete | Daveima Dha | | |