


**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90083 043 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000000591			
1. Entity Name ALICO 14 OF S.W. FLORIDA, INC.			
Principal Place of Business 1002 CLARELLEN DRIVE FORT MYERS, FL 33919		Mailing Address 1002 CLARELLEN DRIVE FORT MYERS, FL 33919	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TROIANO, JOSEPH A ESQ 2320 FIRST STREET SUITE 1000 FORT MYERS, FL 33901-2904		7. Name and Address of New Registered Agent Name: <u>Jeffrey L. Radcliffe</u> Street Address (P.O. Box Number is Not Acceptable): <u>7537 Eagles Flight Ln</u> City: <u>Ft. Myers</u> FL Zip Code: <u>33912</u>	
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: <u>[Signature]</u> DATE: <u>3/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, DAVID L		
STREET ADDRESS	1002 CLARELLEN DRIVE		
CITY-ST-ZIP	FORT MYERS, FL 33919		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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)(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: <u>[Signature]</u>		DATE: <u>4/6/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	