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Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90169 011 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048577

1. Entity Name
FORT BLIS, INC.

50035440

Principal Place of Business	Mailing Address
8595 COLLEGE PKWY FORT MYERS, FL 33919	8595 COLLEGE PKWY FORT MYERS, FL 33919

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O Box 61165
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fort Myers, FL
Zip / Country	Zip: 33906 / Country

4. FEI Number: 20-0870596 ☐ 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
HEIDKAMP, THOMAS S 1342 COLONIAL BLVD. BLDG. H UNIT 57 FORT MYERS, FL 33907	Name: Don Fortin Street Address (P.O. Box Number is Not Acceptable): 5100 S. Cleveland Ave #318-311 City: Fort Myers FL Zip Code: 33907

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: Don Fortin Don Fortin
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BISLER, PAMELA 1735 BRANTLEY RD. UNIT 1003 FORT MYERS, FL 33907	☒ Delete	President Don Fortin 5100 S. Cleveland Ave #318-311 Fort Myers, FL 33907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~President Don Fortin 5100 S. Cleveland Ave #318-311 Fort Myers, FL 33907~~	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Don Fortin Don Fortin President 4-7-05 239-470-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #