


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 005 ***158.75

DOCUMENT # P04000053167 1. Entity Name FE ENTERPRISE OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business <i>Lane</i> 12734 KENWOOD ALNE #39 FORT MYERS, FL 33907			Mailing Address <i>Lane</i> 12734 KENWOOD ALNE #39 FORT MYERS, FL 33907		
2. Principal Place of Business <div style="text-align: center;"><i>Lane</i></div>		3. Mailing Address <div style="text-align: center;"><i>Lane</i></div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center;"><i>20-0932392</i></div>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6.-Name and Address of Current Registered Agent BUTLER, GAREY F FOWLER WHITE BOGGS ET AL. 2201 SECOND STREET 5TH FLOOR FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name <i>Faye O. Jones</i> Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;"><i>12734 Kenwood Lane #39</i></div> City <i>Fort Myers</i> FL <i>33907</i>		
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 <i>[Signature]</i> <i>13-17-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <i>Lane</i> <input type="checkbox"/> Delete		TITLE	<i>D/P</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, FAYE O		NAME	<i>Lane</i>	
STREET ADDRESS	12734 KENWOOD ALNE #39		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33907		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>13-17-05</i> Daytime Phone #		