

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90118 050 \*\*\*150.00

| <b>DOCUMENT # P04000065208</b><br>1. Entity Name<br><b>TOP NOTCH JANITORIAL SERVICES, INC.</b>   |                      |   |  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|----------------------|---|--|----------------------------|--|----------------------------|--|--|---|--|--|-------|-------|---------------------------------|-------|---|--|------|-------------------|--|------|-----------------|--|----------------|-----------------|--|----------------|---------------------|--|-------------|----------------------|--|-------------|----------------------------|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|------------------|--|----------------|--|--|----------------|-----------------|--|-------------|--|--|-------------|----------------------|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|---------------------|--|----------------|--|--|----------------|-----------------|--|-------------|--|--|-------------|----------------------|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|---------------------------|--|----------------|--|--|----------------|-----------------|--|-------------|--|--|-------------|----------------------|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|-------------|--|----------------|--|--|----------------|-----------------|--|-------------|--|--|-------------|----------------------|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>2220 SE 6TH AVE<br/>CAPE CORAL, FL 33990</b>   |                      |   | Mailing Address<br><b>2220 SE 6TH AVE<br/>CAPE CORAL, FL 33990</b>   |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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  |                      |   | 7. Name and Address of New Registered Agent  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>BRUEGGEMAN, KAREN<br/>2220 SE 6TH AVE<br/>CAPE CORAL, FL 33990</b>  |                      |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                      |   |  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D / P</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">V</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRUEGGEMAN, KAREN</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Sharon McGlohon</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2220 SE 6TH AVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6100 Eagle Watch CT</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CAPE CORAL, FL 33990</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NORTH FORT MYERS, FL 33907</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; 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OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | D / P | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | BRUEGGEMAN, KAREN |  | NAME | Sharon McGlohon |  | STREET ADDRESS | 2220 SE 6TH AVE |  | STREET ADDRESS | 6100 Eagle Watch CT |  | CITY-ST-ZIP | CAPE CORAL, FL 33990 |  | CITY-ST-ZIP | NORTH FORT MYERS, FL 33907 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Bryan Brueggeman |  | STREET ADDRESS |  |  | STREET ADDRESS | 2220 SE 6th Ave |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Cape Coral, FL 33990 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | BRITTANY Brueggeman |  | STREET ADDRESS |  |  | STREET ADDRESS | 2220 SE 6th Ave |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Cape Coral, FL 33990 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Briana Paddock Brueggeman |  | STREET ADDRESS |  |  | STREET ADDRESS | 2220 SE 6th Ave |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Cape Coral, FL 33990 |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME |  |  | NAME | Tom Paddock |  | STREET ADDRESS |  |  | STREET ADDRESS | 2220 SE 6th Ave |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP | Cape Coral, FL 33990 |  | 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 |  |  |
| 10. OFFICERS AND DIRECTORS   |                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | D / P                | <input type="checkbox"/> Delete   | TITLE  | V                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | BRUEGGEMAN, KAREN    |   | NAME   | Sharon McGlohon            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 2220 SE 6TH AVE      |   | STREET ADDRESS   | 6100 Eagle Watch CT        |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | CAPE CORAL, FL 33990 |   | CITY-ST-ZIP  | NORTH FORT MYERS, FL 33907 |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  | V                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                      |   | NAME   | Bryan Brueggeman           |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   | 2220 SE 6th Ave            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                      |   | CITY-ST-ZIP  | Cape Coral, FL 33990       |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  | S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                      |   | NAME   | BRITTANY Brueggeman        |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   | 2220 SE 6th Ave            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                      |   | CITY-ST-ZIP  | Cape Coral, FL 33990       |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  | T                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                      |   | NAME   | Briana Paddock Brueggeman  |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   | 2220 SE 6th Ave            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                      |   | CITY-ST-ZIP  | Cape Coral, FL 33990       |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  | T                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                      |   | NAME   | Tom Paddock                |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   | 2220 SE 6th Ave            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                      |   | CITY-ST-ZIP  | Cape Coral, FL 33990       |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.  |                      |   |  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b> <u>Karen Brueggeman</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                      |   | <u>1/20/05</u> <u>239-410-1516</u><br><small>Date Daytime Phone #</small>  |                            |  |                            |  |  |   |  |  |       |       |                                 |       |   |  |      |                   |  |      |                 |  |                |                 |  |                |                     |  |             |                      |  |             |                            |  |       |  |                                 |       |   |  |      |  |  |      |                  |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                     |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |                           |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |   |  |      |  |  |      |             |  |                |  |  |                |                 |  |             |  |  |             |                      |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |

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03092005 Chg-P CR2E034 (10/03)

4. FEI Number **56-2471410** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required