

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90319 013 ***150.00

DOCUMENT # P04000081260	
1. Entity Name SUNSEEKER REALTY OF SOUTHWEST FLORIDA, INC.	



Principal Place of Business 4711 S.E. 15TH AVENUE CAPE CORAL, FL 33904 428 PINE ISLAND ROAD CAPE CORAL FL 33991	Mailing Address 4711 S.E. 15TH AVENUE CAPE CORAL, FL 33904
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50044338



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1142879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHETSELL, RONALD 4711 S.E. 15TH AVENUE CAPE CORAL, FL 33904 428 PINE ISLAND RD CAPE CORAL FL 33991		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHETSELL, RONALD 4711 S.E. 15TH AVENUE 428 PINE ISLAND RD CAPE CORAL, FL 33904 CAPE CORAL FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHETSELL, TERENCE 4711 S.E. 15TH AVENUE 428 PINE ISLAND RD CAPE CORAL, FL 33904 CAPE CORAL FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINGER, SAMUEL 4711 S.E. 15TH AVENUE 428 PINE ISLAND RD CAPE CORAL, FL 33904 CAPE CORAL FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROW, PHIL 4711 S.E. 15TH AVENUE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, DAVID B. 428 PINE ISLAND ROAD CAPE CORAL FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald A. Whetsell* **4-4-05 239-845-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #