


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 014 ***158.75

DOCUMENT # P04000115975		
1. Entity Name ACKERMAN-WCI, INC.		

Principal Place of Business 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US	Mailing Address 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US
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2. Principal Place of Business 24311 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL Zip 34134 Country USA	3. Mailing Address 24311 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL Zip 34134 Country USA
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4. FEI Number 20-1491875	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NICI, JAMES R ESQ. 1185 IMMOKALEE RD. SUITE #110 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Don E. Ackerman Street Address (P.O. Box Number is Not Acceptable) c/o Chandelle Ventures, Inc. 24311 Walden Center Drive, Suite 300 City Bonita Springs, FL Zip Code 34134	
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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: Don E. Ackerman (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/05

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	D ACKERMAN, DON E 8477 BAY COLONY DRIVE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24311 Walden Center Drive, Suite 300 Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP ACKERMAN, DON E 8477 BAY COLONY DRIVE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24311 Walden Center Drive, Suite 300 Bonita Springs, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Don E. Ackerman (239) 949-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #