

05-06-2004 90160 029 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P92000004386



1. Entity Name
M.D.M. OF COLLIER COUNTY, INC.

Principal Place of Business Mailing Address
1922 E CROWN POINTE **1922 E CROWN POINTE**
NAPLES FL 34112 **NAPLES FL 34112**

54052672



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0370421** 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

GUNTER, DUTZ
1922 E CROWN PT
NAPLES FL 34112

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Maine Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	DUTZ, GUNTHER
STREET ADDRESS	1318 LAFAYETTE ST
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
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 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 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gunter Dutz* **GUNTER DUTZ** Date: 5-3-04 **239-394-8774**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #