

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 021 ***150.00

DOCUMENT # P93000006301

1. Entity Name

MIDNIGHT COVE REALTY, INC.



Principal Place of Business

6302 MIDNIGHT COVE ROAD
SARASOTA FL 34242

Mailing Address

6302 MIDNIGHT COVE ROAD
SARASOTA FL 34242

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMS, DONALD H
6302 MIDNIGHT PASS ROAD
SARASOTA FL 34242-2368

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ELLIOTT, JOHN R
STREET ADDRESS 6396 MIDNIGHT COVE RD.
CITY-ST-ZIP SARASOTA FL 34242

TITLE ~~PRESIDENT~~ ☐ Delete
NAME ZABINSKI, JOHN J
STREET ADDRESS 6304 MIDNIGHT COVE RD. #520
CITY-ST-ZIP SARASOTA FL 34242

TITLE ~~SECRETARY~~ ☐ Delete
NAME SAMS, DONALD H
STREET ADDRESS 2205 FLOYD ST.
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAIRMAN ☐ Change ☒ Addition
NAME BURNS, MARK
STREET ADDRESS 14625 SOUTH GOLF ROAD
CITY-ST-ZIP ORLAND PARK, IL. 60462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD H. SAMS SEC/TREAS.

2/24/04

Date

941.349-3004

Daytime Phone #