2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF S

## FILED Aug 03, 2005 08:00 AM Secretary of State DOCUMENT # P93000007246 1. Entity Name CHRIS-TEL COMPANY OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 2546 E. DISON AVE. FORT MYERS FL 33901 2546 E. DISON AVE. FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0384539 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, HOWARD L JR. Street Address (P.O. Box Number is Not Acceptable) 2546 EDISON AVENUE FORT MYERS FL 33901 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 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. fifte ☐ Change ☐ Addition TITLE ☐ Delete U00000375520 WHEELER, HOWARD L NAME MAME 08/03/05-90006-016 550.00 2546 EDISON AVENUE TUREET ADDRESS STREET ACCRESS. CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-7IP IIII(F)Change ☐ Addition THE ☐ Delete NAME AZ EVEDO, WILLIAM NAME 2546 EDISON AYENUE DIRECT ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST 7P ☐ Change Addition THILE Defete NAME NAME SINGLETON, DONALD STREET ADDRESS STREET ADDRESS 2546 EDISON AVENUE CITY ST-ZIP CHIY-ST ZIP FORT MYERS FL 33901 THE Change ☐ Delete Addition Idel NAMI NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CHY-ST-7/P TOTLE Change Addition ☐ Delete MUF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP une☐ Delete MILE ☐ Change ☐ Addition STREET ADDRESS STHEET ADDRESS CHY-ST-7F CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

L. W/reler