

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000010944

1. Entity Name

FYNESIDE OF FLORIDA, INC.



Principal Place of Business

1947 DANA DR
FT MYERS, FL 33907 US

Mailing Address

1947 DANA DR
FT MYERS, FL 33907 US



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0387243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTTI KALKAS
245 SE 1ST ST STE 311
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 FERREIRA, GLICERIO M.

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

MARTTI KALKAS

(NOTE: Registered Agent signature required when reinstating)

05/01/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FERREIRA, GLICERIO M
1947 DANA DR
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
FERREIRA, ISABEL B M
1947 DANA DR
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/06/05-80032-003 150.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/05

Date

Daytime Phone #