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GL Acct # 64500

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Secretary of State
02-18-2005 90052 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000051984

1. Entity Name
[redacted]

Principal Place of Business	Mailing Address
12879 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907	12879 SOUTH CLEVELAND AVE. FORT MYERS, FL 33907

50017348

02102005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0428124
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEASON, CATHERINE
12879 SOUTH CLEVELAND AVE.
FORT MYERS, FL 33907

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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: Catherine Gleason DATE: 2/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted] Fee will be $[redacted].00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLEASON, FRANCIS P
STREET ADDRESS	5365 FAIRFIELD WAY
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	GLEASON, ESTHER T
STREET ADDRESS	5365 FAIFIELD WAY
CITY-ST-ZIP	FORT MYERS, FL 33919
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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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