2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State
05-13-2005 90228 038 ***550.00

DOCUMENT # P93000084576

1. Entity Name
FLORIDA LIFESTYLE HOMES OF FT. MYERS, INC.

Principal Place of Business	Mailing Address
14241 METROPOLIS SUITE 101 FORT MYERS, FL 33912 US	868 106TH AVE. N. NAPLES, FL 34108 US

05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14421 Metropolis	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Fort Myers, FL	City & State:
Zip: 33912 Country:	Zip: Country:

4. FEI Number: 59-3216917 — 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
WANDERON, THOMAS 868 106TH AVE. N. NAPLES, FL 34108	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 $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ENNEN, WILLIAM C.	
STREET ADDRESS	989 BAL ISLE DR.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	☐ Delete
NAME	ENNEN, WILLIAM C	
STREET ADDRESS	989 BALISLE DR	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: William C. Ennen William C. Ennen 5-5-05 239-454-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #