

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90068 021 ***150.00

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

Principal Place of Business Mailing Address
~~14421~~ 14311 METROPOLIS AVE
SUITE 101 SUITE 101
FORT MYERS, FL 33912 US FORT MYERS, FL 33912 US

40007330



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14311 Metropolis Ave 14311 Metropolis Ave
Suite, Apt. #, etc. Suite 101
Suite 101

01092008 Chg-P CR2E034 (12/06)

City & State City & State
Fort Myers FL Fort Myers FL

4. FEI Number Applied For
59-3216917 Not Applicable

Zip Country Zip Country
33912 33912

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
809 WALKERBILT RD #5
NAPLES, FL 34110

Name William Ennen
Street Address (P.O. Box Number is Not Acceptable)
14311 Metropolis Ave
Suite 101
City Fort Myers FL Zip Code 33912

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 William C Ennen 1-12-08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENEN, WILLIAM C.	
STREET ADDRESS	14421 METROPOLIS AVE STE 101	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENEN, WILLIAM C	
STREET ADDRESS	14421 METROPOLIS AVE STE 101	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14311 Metropolis Ave
STREET ADDRESS	Suite 101
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Same as above)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-12-08 239-454-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #