## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000017628

FILED Apr 15, 2004 Secretary of State

Entity Name: SBA SYSTEMS OF FORT MYERS, FLORIDA, INC.					
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
14807 RIVE FORT MYE	RVIEW DR RS, FL 33905	US			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
	R 80 PMB 200 RS, FL 33905	US			
FEI Number: (	65-0480085	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901 US			12670 NEW BRIT SUITE 101	ROYSTON, JR, ROBERT D 12670 NEW BRITTANY BOULEVARD SUITE 101 FORT MYERS, FL 33907 US	
The above r in the State		bmits this statement for the pu	rpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: ROBERT D. ROYSTON, JR				04/15/2004	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D COLBURN, PATR 14807 RIVERVIEN FORT MYERS, FL	ICIA L N CR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () D COLBURN, PATR 14807 RIVERVIEV FORT MYERS, FL	ICIA L N CR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D COLBURN, PATR 14807 RIVERVIEV FORT MYERS, FL	ICIA L N CR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. COLBURN PD 04/15/2004