

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088530

FILED
Feb 01, 2005
Secretary of State

Entity Name: CHITWOOD TROWEL TRADES OF LEE COUNTY, INC.

Current Principal Place of Business:

1216 SE 9TH TERRACE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1859 SEAFAN CIR.
N. FT. MYERS, FL 33903 US

New Mailing Address:

P. O. BOX 151550
CAPE CORAL, FL 339151550 US

FEI Number: 65-0540907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHITWOOD, JAMES R.
1859 SEAFAN CIR
N. FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

CHITWOOD, JAMES R PRES
P. O. BOX 151550
CAPE CORAL, FL 339151550 US

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.

SIGNATURE: JAMES R. CHITWOOD

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHITWOOD, JAMES R
Address: 1859 SEAFAN CIR.
City-St-Zip: N. FT. MYERS, FL

Title: ST () Delete
Name: SANDRA L. CHITWOOD,
Address: 1859 SEAFAN CIR.
City-St-Zip: N. FT. MEYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHITWOOD, JAMES R PRES
Address: 1859 SEAFAN CIR.
City-St-Zip: N. FT. MYERS, FL

Title: ST (X) Change () Addition
Name: CHITWOOD, SANDRA L SEC/TRE
Address: 1859 SEAFAN CIR.
City-St-Zip: N. FT. MEYERS, FL

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: SANDTA L. CHITWOOD

ST

02/01/2005

Electronic Signature of Signing Officer or Director

Date