
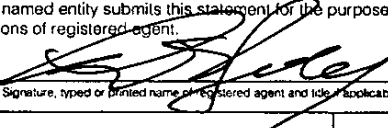



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90117 034 ***150.00

DOCUMENT # P95000011119			
1. Entity Name NISLEY CALUSA DEVELOPMENT, INC.			
Principal Place of Business 2881 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240-9098 US		Mailing Address 2881 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240-9098 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A., ATTN. THOMAS HOPKINS 2033 MAIN ST., SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent 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: 		DATE: 3-5-05	
SIGNATURE, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISLEY, ANDREW M	NAME	
STREET ADDRESS	2881 SARASOTA GOLF CLUB BLVD	STREET ADDRESS	2881 MIRA LODA DRIVE
CITY-ST-ZIP	SARASOTA, FL 342409098	CITY-ST-ZIP	SARASOTA FL 34240-8788
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ANDREW M NISLEY 		DATE: 3-5-05 Daytime Phone #: 941-377-1749	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50026366



02122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0560711 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

3-5-05

\$5.00 May Be Added to Fees

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition