

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90341 010 ***150.00

DOCUMENT # P95000035607

1. Entity Name

SANIBEL & CAPTIVA CENTRAL RESERVATIONS, INC.



Principal Place of Business

**2340 PERIWINKLE WAY
M-2
SANIBEL FL 33957**

Mailing Address

**P.O. BOX 126
SANIBEL FL 33957
US**

NEW SEE BELOW

50040291



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

SAME

3. Mailing Address

P.O. BOX 474

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

4. FEI Number **65-0583185**

Applied For

Not Applicable

Zip Country

33957 LEE

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

6. Name and Address of Current Registered Agent

**RIZZO, THOMAS F
2340 PERIWINKLE WAY
SUITE J-2
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

Joseph R. Cant

Street Address (P.O. Box Number is Not Acceptable)

1040 Morningside Drive

City

Naples,

FL

34103

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

Joseph R. Cant
Signature, typed or printed name of registered agent and title if applicable

Joseph R. Cant, President and Reg Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STOCKE, KENNETH H	
STREET ADDRESS	4850 SHERRY LANE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Joseph R. Cant, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1040 Morningside Dr.	
STREET ADDRESS	Naples, FL 34103	
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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 239-285-6700