

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90085 019 \*\*\*150.00

**DOCUMENT # P96000016034**

1. Entity Name  
**FIRST FLORIDA GROUP, INC.**



Principal Place of Business  
**6300 TRAIL BLVD  
PEACOCK CT BLDG  
NAPLES, FL 34108**

Mailing Address  
**27200 RIVERVIEW CNT. BLVD.  
#109  
BONITA SPRINGS, FL 34134**

**50033182**



03222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**27200 Riverview Cnt. Bl.**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste. 109**

Suite, Apt. #, etc.

City & State  
**Bonita Springs, FL 34134**

City & State

4. FEI Number  
**65-0743800**

Applied For  
Not Applicable

Zip  
**34134**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LEEER, ROBERT B  
6300 TRAIL BLVD  
PEACOCK CT BLDG  
NAPLES, FL 33963**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**27200 Riverview Cnt. Blvd.,**

**Ste. 109**

City **Bonita Springs** FL Zip Code **34134**

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **LEEER, ROBERT B**  
STREET ADDRESS **27200 RIVERVIEW CENTER BLVD., #109**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **VPST** ☐ Delete  
NAME **WOOD, ROBERT**  
STREET ADDRESS **110 SUNNY BROOK SE**  
CITY-ST-ZIP **GRAND RAPIDS, MI 40506**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

**Robert B. Leeber**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert B. Leeber**

**3/24/2005 239-498-1100**

Date

Daytime Phone #