2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000046225

1. Entity Name

A COUPLE OF BLIND GUYS, INC.

Principal Place of Business	Mailing Address
10931 K NINE DR 3 BONITA SPRINGS FL 34135 US	10931 K NINE DR 3 BONITA SPRINGS FL 34135 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0684049 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUMPHREVILLE, JOHN D
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLE FL 33940

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 ____________________
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PS ANDREWS, FERRELL B 4996 ROYAL PALM DR ESTERO FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000302709 04/13/05-80081-016 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPT TRAPANI, JOHN M 831 1ST ST SW NAPLES FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Ferrell B Andrews FERRELL B. ANDREWS AS PRESIDENT 4/4/05 (239) 498-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #