

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049868

Entity Name: SQUIRE MANAGEMENT GROUP, INC.

FILED  
Apr 05, 2005  
Secretary of State

## Current Principal Place of Business:

5007 TAMIAMI TRAIL EAST  
STE L-1  
NAPLES, FL 34113

## Current Mailing Address:

5007 TAMIAMI TRAIL EAST  
STE L-1  
NAPLES, FL 34113

## New Principal Place of Business:

990 FIRST AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

## New Mailing Address:

990 FIRST AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

FEI Number: 65-0679518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EASTON, J. PAUL  
6859 OLD BERYAN WAY  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

EASTON, J. PAUL  
6859 OLD BANYAN WAY  
NAPLES, FL 34109 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:

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EASTON, JOHN P  
Address: 6859 OLD BANYAN WAY  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J. PAUL EASTON

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date