FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000053823**1. Corporation Name

ED ROONEY, INC.

Principal Place of Business 1064 N. TAMIAMI TRAIL. #8 N. FORT MYERS FL 33903

Mailing Address

P.O. BOX 6025

FORT MYERS FL 33911

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90164 014 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 06/24/1996			
0. 5	(D	2a. Mailing Address			4. FEI Number	An	plied For	
2. Principal Place of Business		——————————————————————————————————————		65-0676216		t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	Additional		
22		27			5. Certificate of Status Desired	. Fee.Re	quired	
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be			
23 28				Trust Fund Contribution		Added to	o Fees	
Zip	Country Zip Cou				8. This corporation owes the current year in			
24 25 29 30)		Personal Property Tax. ☐ Yes ☐ No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
ROONEY, ED				Name				
		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	BILMARK AVE			0				
FT M	YERS FL 33901		83					
			84	City	FI	85 Zip C	Code	
			<u></u>			- ;	registered	
11. Pursuant t	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes, of Florida. Such change was auth	the above orized by	e-named cor the corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes				}	
SIGNATURE							{	
	Signature, typed or printed name of registered agent	<u> </u>		it signature requi	ired when reinstating) DATE	ND DIDECTO	DC IN 42	
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	D	☐ OELETE	1,1 TITLE			Change		
NAME	ROONEY, ED		1.2 NAME		•			
STREET ADDRESS			1.3 STREE	T ADORESS				
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY-S	T-ZIP				
TITLE	D DELETE 2.1 TO		2.1 TITLE			Change	Addition	
NAME	ROONEY, CAROLE		2.2 NAME					
STREET ADDRESS	4767 BILMARK AVE		2.3 STREE	T ADDRESS				
C/TY-ST-ZIP	FORT MYERS FL 33901		2. 4 CITY-5	ST-ZIP	·			
TITLE			3.1 TITLE			☐ Change	Addition	
NAME			32 NAME		· · · · · · · · · · · · · · · · · · ·	* - * .		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			-	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS		;	4.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME		•		}	
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	,			
TITLE		☐ DELETE	61 TITLE	·		Change	☐ Addition	
NAME		_	6.2 NAME					
			6.3 STRFF	TADDRESS]	
STREET ADDRESS			6.4 CITY-S	1			j	
CITY-ST-ZIP		h this filles does not availe, for th			Section 110 07/3/i) Florida Statutes I further of	artify that the i	nformation	

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 annual report or supplemental annual 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 12 or Block 13 if changed of par an attachment with an appears, with all other like empowered.

SIGNATURE

Daytime Phone