

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90011 006 ***150.00

DOCUMENT # P96000076584

1. Entity Name

DIRECTOR'S CHOICE OF MANAGEMENT, INC.



Principal Place of Business

497 GERMAIN AVE
NAPLES FL 34108
US

Mailing Address

497 GERMAIN AVE
NAPLES FL 34108

2. Principal Place of Business

13611 WORTHINGTON WAY

3. Mailing Address

13611 WORTHINGTON WAY

Suite, Apt. #, etc.

1307

Suite, Apt. #, etc.

#1307

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34135

Country

LEE

Zip

34135

Country

LEE



MOORE

CR2E034 (4/04)

4. FEI Number

65-0697361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

13611 WORTHINGTON WAY #1307

City

BONITA SPRINGS

State

FL

Zip

34135

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

PAMELA D. PETTIT Pamela D. Pettit

08-04-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 PVST ☐ Delete
NAME PETTIT, PAMELA D
STREET ADDRESS 497 GERMAIN AVE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13611 WORTHINGTON WAY #1307
CITY-ST-ZIP BONITA SPRINGS, FL. 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Pamela D. Pettit-Pres. PAMELA D. PETTIT-PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-777-364

8-4-04