

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000087544

1. Entity Name

M.L. FORTUNE CO.



**FILED
Feb 18, 2004 8:00 am
Secretary of State**

02-18-2004 90009 027 ***150.00

Principal Place of Business 505 WINDSOR SQ 102 NAPLES FL 34104	Mailing Address 505 WINDSOR SQ 102 NAPLES FL 34104
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 240 SABAL LAKE DR NAPLES, FL City & State
Zip	Country 34104

4. FEI Number
65-0704581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent FORTUNE, MATTIE L 505 WINDSOR SQ 102 NAPLES FL 34104	7. Name and Address of New Registered Agent Name
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Street Address (P.O. Box Number is Not Acceptable) 240 SABAL LAKE DR		
City NAPLES	FL	Zip Code 34104

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNE, MATTIE L. 505 WINDSOR SQ #102 NAPLES FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PACS. J. W. FORTUNE 240 SABAL LAKE DR. NAPLES FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mattie L. Fortune* **Date:** *06/04* **Daytime Phone #:** *239-348-1665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR