

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-18-2004 90009 027 \*\*\*150.00

**DOCUMENT # P96000087544**

1. Entity Name

M.L. FORTUNE CO.



Principal Place of Business

505 WINDSOR SQ  
102  
NAPLES FL 34104

Mailing Address

505 WINDSOR SQ  
102  
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

240 SABAL LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPLES, FL.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

FORTUNE, MATTIE L  
505 WINDSOR SQ 102  
NAPLES FL 34104

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME FORTUNE, MATTIE L.  
STREET ADDRESS 505 WINDSOR SQ #102  
CITY-ST-ZIP NAPLES FL 34104

TITLE V. PRES.  
NAME J.W. FORTUNA  
STREET ADDRESS 240 SABAL LAKE DR.  
CITY-ST-ZIP NAPLES FL 34101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 MATTIE L. FORTUNE 2/16/04 239-348-1665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #