

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90062 036 ***150.00

DOCUMENT # P96000092206

1. Entity Name

CENTURY 21 - SUNBELT REALTY #1, INC.



Principal Place of Business

13640 SIX MILE CYPRESS PKWY
SUITE 17
FT MYERS FL 33912
US

Mailing Address

13640 SIX MILE CYPRESS PKWY
SUITE 17
FT MYERS FL 33912
US

94038013



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Cape Coral FL

4. FEI Number

65-0723720

Applied For

Not Applicable

Zip

Country

Zip

Country

33914

USA

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

WATT, BARBARA M
13640 SIX MILE CYPRESS PARKWAY
SUITE 17
FT MYERS FL 33912

Name

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

City

FL

Zip Code

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

Barbara M Watt

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-04

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 ☐ Delete
NAME WATT, BARBARA M
STREET ADDRESS 610 S.W. 47TH TERRACE, #7
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE President ☒ Change ☐ Addition
NAME Barbara M Watt
STREET ADDRESS 725 Cape Coral Pkwy U
CITY-ST-ZIP Cape Coral FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D. Director ☐ Change ☒ Addition
NAME Terri Lodge
STREET ADDRESS 13640 Six Mile Cypress
CITY-ST-ZIP Fort Myers FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Barbara M Watt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-04 239-542-8611