

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000014982

1. Entity Name
CAPE CORAL MARKETING CORPORATION



Principal Place of Business
**1217 CAPE CORAL PARKWAY STE 220
CAPE CORAL, FL 33904**

Mailing Address
**1217 CAPE CORAL PARKWAY STE 220
CAPE CORAL, FL 33904**



03272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0744817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, PHYLLIS
1217 CAPE CORAL PARKWAY STE 220
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NELSON, PHYLLIS
STREET ADDRESS	1217 CAPE CORAL PARKWAY STE 220
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	P
NAME	MCLOUGHLIN, JAMES A
STREET ADDRESS	2927 SW 407 ST
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	VP
NAME	SMITH, ROBERT W
STREET ADDRESS	5504 SW 5TH AVE
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000301881
04/13/05-80050-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Phyllis Nelson* **PHYLLIS NELSON** *April 8, 05* **239-540-9866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #