

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000016575	
1. Entity Name FT. MYERS TEE'S, INC.	



Principal Place of Business 3010 FOWLER ST FT MYERS, FL 33901	Mailing Address 3010 FOWLER ST FT MYERS, FL 33901
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729490	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SPEER, LINDA S 3010 FOWLER ST FT MYERS, FL 33901	

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 NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, LINDA S 3010 FOWLER ST FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLITER, DANIEL E 3010 FOWLER ST FT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>04/13/05-80018-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Speer Linda Speer 4-11-05 239-334-7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #