2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM

See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. Tarn familiar with, and access the obligations of registered agent. 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. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent, or both, in the State of Florida. Tarn familiar with, and access the obligations of registered agent. 8. The above the obligations of registered agent. 9. Election C	DOCU 1. Entity Nam GB HOSI	ne	# P9700003°	3	· •				Sec	reta	ry of S	State	
Suite, Apt. #, 6lc.	3200 TAMIAMI TRAIL N. SUITE 200				3200 TAMIAMI TRAIL N. SUITE 200			(id kalaa shel		311 88 1 4 1 88 1	
Chy & State Chy &	2. Principal Place of Business			3.	3. Mailing Address								
Zip Country Zip Country S. 59-3449713 Respected Status Desired M. S. 75 Actification of Respected Agent Address of New Registered Agent M. S. 75 Actification of Respected Agent Address of Ro. Box Number is Next Acceptable) Actification of Registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAPLES, FL. 34114 NAWE FERRAD, AUBREY 3 NAME SIRET ADDITIS NAME PARIS, JOSEPH L SIGNATURES SIRET ADDITIS NAME SIRET ADDITIS SIRET ADDITI	Suite, Apt, #, etc.			:	Suite, Apt. #, etc.				01102005	Chg-P	CR2E	034 (10/03)	
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WOODWARD, MARK J 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103 8. The above named onliky submits this statement for the purpose of changing its registered office or registered sigent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered sigent and separate signations of registered signations of re	Zip	Country			Zip	itry	5. Cartificate of Status Desired X \$8.75 Addutional						
WOODWARD, MARK J 3200 TAMINAM TRAIL N., SUITE 200 NAPLES, FL 34103 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Jam familiar with, and accent the obligations of registered agent, or both, in the State of Floride. Jam familiar with, and accent the obligations of registered agent. SIGNATURE Symum, spill or private same of inglanded spin and the Papilitatio OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PERRAO, AUBREY J STREET ADDRESS 2017- ST-2P NAPLES, FL 34114 Delete TITLE NAME STREET ADDRESS AND CLUE CENTER BLVD. NAPLES, FL 34114 TITLE NAME STREET ADDRESS OTH - ST-2P NAPLES, FL 34114 TITLE NAME STREET ADDRESS STREET ADDRESS OTH - ST-2P TITLE NAME STREET ADDRESS OTH - ST-2P NAPLES, FL 34103 DINARDO, ANTHONY STREET ADDRESS OTH - ST-2P NAME STREET	6. Name and Address of Current				tered Agent	7. Name and Address of New Registered Agent							
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B. 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 accellent the obligations of registered agent. SIGNATURE System, typist or piritud name of registered agent and the Papinotable PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. INTE PO RAME PO RAME PARISI, JOSEPH L TITLE NAPLES, FL 34114 TITLE STEET ADDRESS OTY-ST-2P NAPLES, FL 34114 TITLE SD NAPLES, FL 34114 TITLE SD NAPLES, FL 34114 TITLE SD NAPLES, FL 34103 TITLE TO Details TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE	INAPELO, FE 34103					•							
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12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS				☐ Delete	NAM STRE	E et address					☐ Change	Addition
indicated on this report or supplemental report is true and accurrate 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													

Director