

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037544

FILED
Mar 10, 2004
Secretary of State

Entity Name: ORTIZ OF FORT MYERS, INC.

Current Principal Place of Business:

693 LAUREL CR E
DEEP GAP, NC 28618

New Principal Place of Business:

Current Mailing Address:

693 LAUREL CR E
DEEP GAP, NC 28618

New Mailing Address:

FEI Number: 65-0749883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, ROBERT ATTY
2431-33 1ST STREET
FORT MYERS, FL 33901

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ROBERTS, EDWARD H
Address: 693 LAUREL CR E
City-St-Zip: DEEP GAP, NC 28618

Title: S () Delete
Name: JONES, ROBERT A
Address: P O BOX 50833
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARSHALL, LISA A S
Address: 208 SADDLE LN
City-St-Zip: DEEP GAP, NC 28618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD H. ROBERTS

PRES

03/10/2004

Electronic Signature of Signing Officer or Director

Date