

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90057 009 \*\*\*150.00

**DOCUMENT # P97000047262**

1. Entity Name

**SANIBEL REALTY CONNECTION, INC.**



Principal Place of Business

**15620 GREENOCK LN.  
FT. MYERS, FL 33912**

Mailing Address

**15620 GREENOCK LN.  
FT. MYERS, FL 33912**

**DO NOT WRITE IN THIS SPACE**



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-0760920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEER, JACK M  
15620 GREENOCK LN.  
FT. MYERS, FL 33912**

**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	D
NAME	SHEER, JACK M
STREET ADDRESS	15620 GREENOCK LN.
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D
NAME	CROTTY, ALAN B
STREET ADDRESS	4111 SOUINMOUNT DOVE # 105
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: \_\_\_\_\_

*Jack M. Sheer* Reg. Agent 4/11/2005