

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000050724 1. Entity Name M.T.B. CORPORATION OF SOUTHWEST FLORIDA	
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Principal Place of Business 6100 ESTERO BLVD FT MYERS BEACH, FL 33931	Mailing Address 6100 ESTERO BLVD FT MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COTTER, RICHARD T 6100 ESTERO BLVD FT MYERS, FL 33931
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0761735	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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.

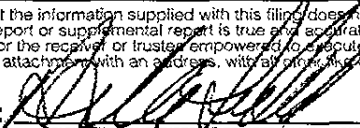
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000083327 03/10/04 00034 025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LUKASIK, ROBERT M 6100 ESTERO BLVD FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRILHART, JAMIE N 6100 ESTERO BLVD FORT MYERS BEACH, FL 33931
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**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 prior authority empowered.

SIGNATURE:  **Robert Lukasik** 3/6/04 903-463-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #