

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90050 040 ***150.00

DOCUMENT # P97000069115

1. Entity Name
METRO PARKWAY LEE COUNTY, INC.



Principal Place of Business
**837 NORTH GARLAND AVE.
ORLANDO, FL 32801**

Mailing Address
**204 E 17TH STREET
SUITE 202
COSTA MESA, CA 92627**

40004400



2. Principal Place of Business
10933 84th Place NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
Kirkland, Washington

City & State

4. FEI Number
59-3462361

Applied For
Not Applicable

Zip
98034

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECUBELLIS & MEEKS PROFFESIONAL
837 NORTH GARLAND AVENUE
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D WILLIAMS, JIMMIE D**
STREET ADDRESS **204 E 17TH STREET SUITE 202**
CITY-ST-ZIP **COSTA MESA, CA 92627**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D GUMPert, RICHARD A**
STREET ADDRESS **204 E 17TH STREET SUITE 202**
CITY-ST-ZIP **COSTA MESA, CA 92627**

TITLE ☒ Change ☐ Addition
NAME **D Gumpert, Richard A.**
STREET ADDRESS **10933 84th Place NE**
CITY-ST-ZIP **Kirkland, WA 98034**

TITLE ☐ Delete
NAME **D GUMPert, STEVEN L**
STREET ADDRESS **204 E. 17TH STREET STE 202**
CITY-ST-ZIP **COSTA MESA, CA 92627**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Steven L. Gumpert Steven L. Gumpert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

Date

(949) 764-2669

Daytime Phone #