

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91285 021 ***150.00

DOCUMENT # P97000070340

1. Entity Name

CALOOSA COUNTRY, INC.



Principal Place of Business

1950 CLAYTON CT
FT. MYERS FL 33907
US

Mailing Address

1950 CLAYTON CT
FT. MYERS FL 33907
US

2. Principal Place of Business

1194 S. Cleveland Av.
Suite, Apt. #, etc.

3. Mailing Address

SAFARI
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Fr. Myers FL

City & State

Zip Country
33907

4. FEI Number

65-0776901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERSNER, JOHN A
1950 CLAYTON CT
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name John A. Fersner
Street Address (P.O. Box Number is Not Acceptable)
1194 S. Cleveland Av.
City Fort Myers FL Zip Code 33907

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

John A. Fersner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REAVES, SHIRLEY M
STREET ADDRESS 1445 EL PRADO AVE.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ Delete
NAME FERSNER, SUSAN L
STREET ADDRESS 1258 COCONUT DR.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ Delete
NAME FERSNER, JOHN A
STREET ADDRESS 1258 COCONUT DR.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

John A. Fersner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

DATE

239/931-0994

Daytime Phone #