
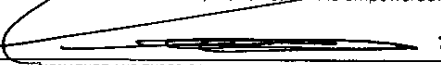


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90213 027 ***158.75

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P97000079190 1. Entity Name EID MANAGEMENT & REALTY, INC. | | | |  | |
| Principal Place of Business 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103 US | | | Mailing Address 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103 US | | |
| 2. Principal Place of Business 800 LAUREL OAK DR. | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. Suite 600 | | | Suite, Apt. #, etc. | | |
| City & State NAPLES, FL | | | City & State | | |
| Zip 34108 | | Country USA | | Zip | |
| Country | | Country | | 4. FEI Number 59-3468814 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENNETT, S. CHARLES III 800 LAUREL OAK DR., SUITE 600 NAPLES, FL 34108 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  Rec. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

