


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90206 033 ***150.00

DOCUMENT # P97000082763			
1. Entity Name FORT MYERS SUNSHINE CAFE, INC.			
Principal Place of Business 8750 GLADIOLUS DRIVE SUITE 1 FORT MYERS, FL 33908 US		Mailing Address B750 GLADIOLUS DR SUITE 1 FORT MYERS, FL 33908 US	
2. Principal Place of Business		3. Mailing Address 8750 Gladiolus Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ARCHAMBAULT, JEFFRY 15100 PORTS OF IONA FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name <u>Bruce Brust</u> Street Address (P.O. Box Number is Not Acceptable) <u>1101 Periwinkle Way Suite 102</u> City <u>Sanibel</u> <u>FL</u> Zip Code <u>33957</u>	
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 <u>Bruce Brust</u> <u>Bruce Brust, D, Pres</u> <u>4/22/04</u> <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, 2004 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 BRUST, BRUCE 6460 TOPAZ COURT UNIT A FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1101 Periwinkle Way Suite 102</u> <u>Sanibel, FL 33957</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BRUST, BRUCE 6460 TOPAZ COURT UNIT A FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1101 Periwinkle Way Suite 102</u> <u>Sanibel, FL 33957</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCHAMBAULT, JEFF 15100 PORTS OF IONA FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1101 Periwinkle Way Suite 102</u> <u>Sanibel, FL 33957</u>
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
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
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
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 <u>Bruce Brust</u> <u>Bruce Brust</u> <u>4/22/04</u> <u>239-472-5842</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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4. FEI Number 65-0788095 Applied For Not Applicable

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