

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90069 007 \*\*\*150.00

**DOCUMENT # P97000084957**

1. Entity Name  
**GRANDE ISLAND REAL ESTATE, INC.**



Principal Place of Business  
 POST OFFICE BOX 97  
 BOCA GRANDE, FL 33921

Mailing Address  
 POST OFFICE BOX 97  
 BOCA GRANDE, FL 33921



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0789406** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

PETERSON, SCOTT D  
 6020 BOCA GRANDE CAUSEWAY  
 BOCA GRANDE, FL 33921

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	CORKHILL, JOHN T
STREET ADDRESS	5581 BURNHAM CT.
CITY-ST-ZIP	N. FT. MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 other like empowered.

**SIGNATURE:** Scott Peterson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/04  
Date

941-964-2080  
Daytime Phone #