## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 01, 2005 08:00 AM Secretary of State

239-597-1727 Daytime Phone #

DOCUME 1. Entity Name SUNBELT H			S	ecretary	of Stat		
Principal Place of Business  2055 TRADE CENTER WAY NAPLES, FL 34109  Mailing Address  2055 TRADE CENTER WAY NAPLES, FL 34109  NAPLES, FL 34109							-
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01042005 No Chg-P CR2E034 (10/03)  4. FEI Number			
WOOD, G. ST 2055 TRADE NAPLES, FL	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  Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when renstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees			
STREET ADDRESS 90	OFFICERS AND DIRE  OTTER, JEFFREY J  MINNEHAHA CIR  AITLAND, FL 32751	CTORS			Unnonr	1283312	
STREET ADDRESS 20 GITY-ST-ZIP NA	OOD, G. STUART 55 TRADE CENTER WAY APLES, FL 34109				04/01/05-	)283312 -80023-004	150.00
NAME STREET ADDRESS CITY-SI-ZIP					NOT W		
NAML STREET ADDRESS CITY-ST-ZIP				·	THIS SF	ACE	:
NAME STREET ADDRESS CITY-ST-ZIP	4.55.7						
STREET ADDRESS CITY-ST-ZIP  12. I hereby certifindicated on the corpora changed, or o	y that the information supplied with this, his report or supplemental report is the tion or the receiver or trustee only were in an attachment with an address, with a	iling does not qualify for the exe and accurate and that my signat d to execute this report as requi Il other like empowered.	mption stated in Sture shall have the red by Chapter 60	iection 119.07(3) s same legal effe 17, Florida Statut	(i), Florida Statules, ct as if made under es, and that my nam	I further certify that th oath, that I am an offi e appears in Block 11	ne information cer or director 0 or Block 11 if

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_