


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90016 001 ***150.00

DOCUMENT # P97000088410 1. Entity Name DISTINCTIVE PROPERTIES OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES FL 34102		Mailing Address 1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES FL 34102	
2. Principal Place of Business 11983 TAMIAH TRL N SUITE 155		3. Mailing Address 11983 TAMIAH TRL N SUITE 155	
Suite, Apt. #, etc. SUITE 155		Suite, Apt. #, etc. SUITE 155	
City & State NAPLES FLORIDA		City & State NAPLES, FLORIDA	
Zip 34110		Zip 34110	
Country USA		Country USA	
4. FEI Number 59-3472532			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 Make Check Payable to Florida Department of State		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	PSTD MEYER, MICHAEL A 1100 FIFTH AVE SOUTH, STE 201 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MICHAEL A. MEYER 11983 TAMIAH TRL N SUITE 155 NAPLES, FLORIDA 34110 <input checked="" 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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00012030



1st MOORE

CR2E034 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 239-254-7625

Date

Daytime Phone #