2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P97000088410 **Secretary of State** 02-08-2005 90016 001 ***150.00 DISTINCTIVE PROPERTIES OF SOUTHWEST FLORIDA. Principal Place of Business Mailing Address 1100 FIFTH AVENUE SOUTH 1100 FIFTH AVENUE SOUTH DUUTTADA SUITE 201 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 11983 TANIAM! TRU N 11983 TAMIAMI TEL N 1st MOORE CR2E034 (10/04) SUITE 155 Applied For 59-3472532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSTD** TITLE Addition TITLE ☐ Delete MICHAEL A. MEYER MEYER, MICHAEL A NAME NAME 11983 TAMIAMOTEL N SUITE 185 STREET ADDRESS STREET ADDRESS 1100 FIFTH AVE SOUTH, STE 201 NAPLES FL 34102 CHY-ST-7tP NAPLES, FLORIDA 34110 CITY-ST-ZIP Change ☐ Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition III1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 12. I hereby certify that the information supplied with this filling 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 reports 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 employeered 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 attach field that my address, with all atter five empowered.

OFFICER OR DIRECTOR

FILED

Feb 08, 2005 8:00 am

2/2/05 239-254-7625