

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/31

FILED
Jul 16, 2004 8:00 am
Secretary of State

05-03-2004 91213 002 ***150.00

DOCUMENT # P97000091763

1. Entity Name
COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS, INC.



Principal Place of Business
**3375 TAMiami TRAIL EAST
STE 100
NAPLES, FL 34102**

Mailing Address
**PO BOX 10471
NAPLES, FL 34102**

66430078



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0798403

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSTON, JOE
3375 TAMiami TRAIL EAST
STE 100
NAPLES, FL 34102**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$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
**HOUSTON, J.
3375 TAMiami TRAIL EAST
NAPLES, FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Emma Houston
3375 Tamiami Trail East
Naples, FL 34102**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/04

239-275-7766