## FILED Feb 09, 2005 8:00 am Secretary of State 02-09-2005 90033 009 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700096236  1. Entity Name CAPE CORAL INFORMATION DIENST & CONSULTING, INC.									40015	692		
Principal Place of Business Mailing Address												
6371-4 PRESIDENTIAL CT FORT MYERS, FL 33919				RICCIANI, MALHIS S JENSEN 6321 - 4 PRESIDENTIAL COURT FT MYERS, FL 33919 US			1 (16)(33) M <b>a</b>	ISM ISSM SOM SOM OF			1 <b>753</b> 1 (1 1 <b>75</b> 1	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01282005	Chg-P	CR2E	034 (10/03)	
City & Stat	City & State			City & State				4. FEI Numbe 65-0801			_ <del> </del>	pplied For ot Applicable
Zip	Country			Zip	ntry		5. Certificate of	of Status Desired		\$8.75 Add		
- 8. Name and Address of Current Registered Agent -								⇒7. Name and	Address of New F	egistered	Agent	
JESSEN, ANDREW G 6321 - 4 PRESIDENTIAL CT FT MYERS, FL 33919						Name Street A	ddress (I	P.O. Box Numbe	r is Not Acceptable	e)		-
						City				FL	Zip Cod	ie
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. It 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 NOWII! FEE IS \$150.00  9. Election Campaign Financing : S5.00 May Be After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees												
10.		OFFIC	ERS AND DI	RECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS ANI	DIRECTOR:	S IN 11
TITLE - 700 PG	PID			☐ Delete	TITL	Ė	PTL	)			S-Change	C Addition
NAME	GUENTE			,	NAM	ΙĒ	GeUL	ENTER,	EGER			
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CITY-ST-ZIE	RE. 1549	ar cellisadayan	10.40			-ST-ZIP						
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12. Thereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is frue 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.												
SIGNAT	URE: _	SIGNATURE AND	TVPED OF PRI	NTED NAME OF SIGNING OFFICER	OR DIREC	-/ <u>/</u>	E 61	EIC C	11-28-0	75	Davime Phone #	