2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006718

Entity Name: CORAL VILLAGE II, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD SUITE 360 1520 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919

360

FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

1520 ROYAL PALM SQUARE BLVD SUITE 360 1520 ROYAL PALM SQUARE BLVD

FORT MYERS, FL 33919 360

FORT MYERS, FL 33919

FEI Number: 65-0810470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, BOWEN A ARNOLD, BOWEN A 1520-360 ROYAL PALMS SQ BLVD 1520 ROYAL PALM SQ BLVD FT MYERS, FL 33919 360 FT MYERS, FL 33919 US

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.

SIGNATURE: 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ARNOLD, BOWEN A ARNOLD, BOWEN A Name: Name: 1520-360 ROYAL PALM SO BLVD 1520-360 ROYAL PALM SQ BLVD Address: Address:

FORT MYERS, FL 33919

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip:

DVST Title: DVST Title: () Delete (X) Change () Addition

Name: MILLER, ERIC C Name: MILLER, ERIC C

12446 MCGREGOR WOODS CIR 1520-360 ROYAL PALM SQ BLVD Address: Address:

FT MYERS, FL 33919 City-St-Zip: FT MYERS, FL City-St-Zip:

Title: Title: DV (X) Delete () Change () Addition

WILSON, GERALD Name: 8003 LAUGHTON LN Address: City-St-Zip: LOUISVILLE, KY City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOWEN A. ARNOLD DP 04/29/2005