

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 008 ***150.00

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1. Entity Name
FORTUNE 2000 PROPERTIES, INC.



Principal Place of Business

**8881 Terrene Ct. Suite 104
Bonita Springs, FL 34135**

Mailing Address

**P.O Box 2311
Bonita Springs, FL 34133**

30000010

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
69-3518467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F
4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ROTERMUND, ULLI
STREET ADDRESS	28341 S. TAMIAMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VSD
NAME	HINRICHSSEN ROTHERMUND, JUTTA
STREET ADDRESS	28341 S. TAMIAMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	ORTHMANN, RICHARD
STREET ADDRESS	28341 S. TAMIAMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	HENSON, CHRISTINE
STREET ADDRESS	28341 S. TAMIAMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	LUKE, TOM
STREET ADDRESS	28341 S. TAMIAMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if 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 #

Thomas J. Luke **THOMAS J. LUKE** 4/25/06 239.390.0991