


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 039 ***150.00

DOCUMENT # P98000035445					
1. Entity Name SUNLAND ENTERPRISES OF NAPLES, INC.					
Principal Place of Business 7381 SEA ISLAND RD. FT. MYERS, FL 33912			Mailing Address 7381 SEA ISLAND RD. FT. MYERS, FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TICE, MICHAEL C 2180 WEST FIRST STREET SUITE 401 FORT MYERS, FL 33901				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTGES, THOMAS SR.			NAME	
STREET ADDRESS	7381 SEA ISLAND RD.			STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33912			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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: <i>Thomas Bertges</i>				7-28-05 239-707-0943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

50058862



07192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0768171 Applied For Not Applicable

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

FL Zip Code

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BERTGES, THOMAS SR.	
STREET ADDRESS	7381 SEA ISLAND RD.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
50058862
Division of Corporations

Annual Report

Annual Report Help

Document Number
P98000035445

Business Entity Name
SUNLAND ENTERPRISES OF NAPLES, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650768171

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

7381 SEA ISLAND RD.

Suite, Apt. #, etc.

City, State

FT. MYERS, FL

Zip Code & Country

33912

Mailing Address

Address

7381 SEA ISLAND RD.

Suite, Apt. #, etc.

City, State

FT. MYERS, FL

Zip Code & Country

33912

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

CLARK, ERROL, L

-or- RA Business Name

Address (PO Box is not acceptable)

7327-A SANIBEL BLVD.

Suite, Apt. #, etc.

City, State

FORT MYERS, FL

Zip Code & Country

33912 US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature |ERROL L CLARK III

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title |D
Name (Last, First, Middle, Title) |BERTGES |THOMAS | |SR.
-or- Entity Name |
Street Address |7381 SEA ISLAND RD.
City, State |FT. MYERS |FL
Zip Code & Country |33912 |

Title |
Name (Last, First, Middle, Title) |
-or- Entity Name |
Street Address |
City, State |
Zip Code & Country |

Title |
Name (Last, First, Middle, Title) |
-or- Entity Name |
Street Address |
City, State |
Zip Code & Country |

Title |
Name (Last, First, Middle, Title) |
-or- Entity Name |
Street Address |
City, State |
Zip Code & Country |

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Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title _____

Officer/Director Signature Thomas E. Bertges
THOMAS E BERTGES

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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