

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 032 ***150.00

DOCUMENT # P98000040097

1. Entity Name
PEGASUS PROPERTY MANAGEMENT, INC.



Principal Place of Business
**17595-100 S TAMiami
FT. MYERS, FL 33908**

Mailing Address
**17595-100 S TAMiami
FT. MYERS, FL 33908**

2. Principal Place of Business

17595 S. TAMiami TRAIL

3. Mailing Address

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0848752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STILSON-EATON, BARBARA A
17595-100 S TAMiami
FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **BARBARA A. EATON**

Street Address (P.O. Box Number is Not Acceptable)

17595 SOUTH TAMiami TRAIL #100

City **FORT MYERS**

FL

Zip Code **33908**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **STILSON EATON, BARBARA A**
STREET ADDRESS **6064 TIMBERWOOD CIR. #308**
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **PD** ☐ Delete
NAME **EATON, THOMAS E**
STREET ADDRESS **6064 TIMBERWOOD CIR., #308**
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **D** ☐ Delete
NAME **EATON, LLOYD**
STREET ADDRESS **6064 TIMBERWOOD CIR #308**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **BARBARA A. EATON**
STREET ADDRESS
CITY-ST-ZIP **33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33908**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Barbara A Eaton** **BARBARA A EATON** **4/5/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-691-9274