
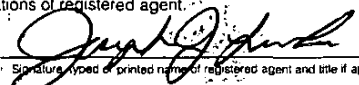
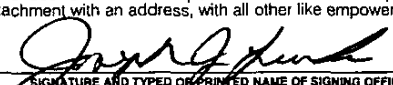


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90031 027 \*\*\*150.00

<b>DOCUMENT # P98000061657</b> 1. Entity Name <b>ADVANCED SABAL PALM CORPORATION</b>					
Principal Place of Business <b>1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145</b>			Mailing Address <b>1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business <b>298 Sabal Palm Rd</b>		3. Mailing Address <b>298 Sabal Palm Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>		4. FEI Number <b>59-3538159</b>	
Zip <b>34114</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34114</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GREUSEL, JAMIE B C/O BERRY &amp; GREUSEL 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name <b>Joseph J Luneke</b> Street Address (P.O. Box Number is Not Acceptable) <b>181 Heather Grove Ln</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34113</b>		
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  <b>Joseph J Luneke</b> <b>4-5-05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNEKE, JOSEPH J 181 HEATHER GROVE LANE NAPLES, FL 34113	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNEKE, MICHAEL L 474 N. BARFIELD DR MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNEKE, CARL 973 N BRFIELD DR MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>Joseph J Luneke</b> <b>4-5-05</b> <b>239-732-4624</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					