

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063422

Entity Name: WISDOM DANES, INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

2070 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL 34116

## New Principal Place of Business:

2070 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL 34120

## Current Mailing Address:

2070 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL 34116

## New Mailing Address:

2070 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL 34120

FEI Number: 59-3526924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISDOM, LARRY M.  
2070 GOLDEN GATE BLVD. W  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: WISDOM, LARRY M  
Address: 2070 GOLDEN GATE BOULEVARD WEST  
City-St-Zip: NAPLES, FL 34116

Title: PD ( ) Delete  
Name: WISDOM, MELANIE G  
Address: 2070 GOLDEN GATE BLVD. W  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: WISDOM, LARRY M  
Address: 2070 GOLDEN GATE BOULEVARD WEST  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LARRY M WISDOM

STD

04/26/2005

Electronic Signature of Signing Officer or Director

Date