

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068829

FILED
Apr 05, 2005
Secretary of State

Entity Name: IGUANA MIA OF BONITA SPRINGS, INC.

Current Principal Place of Business:

28051 SOUTH TAMiami TRAIL
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

4411 CLEVELAND AVE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0885634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMEONE, RICHARD J
4411 CLEVELAND AVENUE
FT MYERS, FL 33901 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: D () Delete
Name: LAGESCHULTE, DAVID L
Address: 4411 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

Title: DST () Delete
Name: LYNCH, PAUL
Address: 4411 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

Title: DP () Delete
Name: ATHERTON, MICHAEL D
Address: 4411 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: PRIETO, JULIAN
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL LYNCH

DST

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date