


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90302 017 \*\*\*150.00

**DOCUMENT # P98000095825**

1. Entity Name  
H.F.S. FORT MYERS, INC.



Principal Place of Business 13891 JETPORT LOOP SUITE 17 FORT MYERS, FL 33913 US	Mailing Address 500 FAIRWAY DR <del>204 / 01</del> DEERFIELD BEACH, FL 33441 US
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94045001



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0874841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAND, MARC J  
500 FAIRWAY DRIVE  
SUITE ~~204~~ 101  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAMBERLAND, MARC J 500 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRLE, KENNETH 500 FAIRWAY DRIVE STE.101 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN WINKLE, ARLYN 13891 JETPORT LOOP STE 17 FORT MYERS, FL 33913
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IN THIS SPACE**

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:** MARC J CHAMBERLAND 3/22/04 (954) 5961930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
AS PRESIDENT