


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000020792
 1. Entity Name
P & P OF CAPE CORAL, INC.



Principal Place of Business Mailing Address
1318 LAFAYETTE STREET **1318 LAFAYETTE STREET**
CAPE CORAL, FL 33904 **CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0902309 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HILL, THOMAS W
1318 LAFAYETTE ST
CAPE CORAL, FL 33904

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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: PD
 NAME: HASENOEHRL, JOHANN
 STREET ADDRESS: 1318 LAFAYETTE STREET
 CITY-ST-ZIP: CAPE CORAL, FL 33904

TITLE: VSTD
 NAME: HASENOEHRL, PETRA
 STREET ADDRESS: 1318 LAFAYETTE STREET
 CITY-ST-ZIP: CAPE CORAL, FL 33904

TITLE: D
 NAME: HILL, THOMAS W
 STREET ADDRESS: 1318 LAFAYETTE STREET
 CITY-ST-ZIP: CAPE CORAL, FL 33904

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 01/28/05-80096-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas W Hill Thomas W. Hill 1-25-05 239-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #