

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90060 044 \*\*\*150.00

<b>DOCUMENT # P99000060517</b>																																																																																																																																											
<b>1. Entity Name</b> FRANK RAPPA, P.A.																																																																																																																																											
<b>Principal Place of Business</b> 9115 JUSTINE DRIVE WEEKI WACHEE, FL 34613			<b>Mailing Address</b> 9115 JUSTINE DRIVE WEEKI WACHEE, FL 34613																																																																																																																																								
<b>2. Principal Place of Business</b> 5000 ROYAL Shores Dr.		<b>3. Mailing Address</b> 5000 ROYAL Shores Dr.																																																																																																																																									
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201																																																																																																																																									
City & State Estero, FL		City & State Estero, FL																																																																																																																																									
Zip 33928		Country Lee		04042005    Chg-P    CR2E034 (10/03)																																																																																																																																							
<b>4. FEI Number</b> 65-0934688				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b> RAPPA, FRANK D 9115 JUSTINE DRIVE WEEKI WACHEE, FL 34613																																																																																																																																											
<b>7. Name and Address of New Registered Agent</b> Name: FRANK D. RAPPA Street Address (P.O. Box Number is Not Acceptable): 5000 ROYAL Shores Dr #201 City: Estero    FL    Zip Code: 33928																																																																																																																																											
<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.</b> SIGNATURE: <i>[Signature]</i> NANETTE P. RAPPA    4/10/05 <small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, FRANK D</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">FRANK D. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr. #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, NANETTE P</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table> </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">NANETTE P. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table> </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, FRANK D</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RAPPA, FRANK D		STREET ADDRESS	9115 JUSTINE DRIVE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">FRANK D. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr. #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FRANK D. RAPPA		STREET ADDRESS	5000 ROYAL Shores Dr. #201		CITY-ST-ZIP	Estero, FL 33928		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, NANETTE P</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RAPPA, NANETTE P		STREET ADDRESS	9115 JUSTINE DRIVE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">NANETTE P. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NANETTE P. RAPPA		STREET ADDRESS	5000 ROYAL Shores Dr #201		CITY-ST-ZIP	Estero, FL 33928		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, FRANK D</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RAPPA, FRANK D		STREET ADDRESS	9115 JUSTINE DRIVE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">FRANK D. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr. #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FRANK D. RAPPA		STREET ADDRESS	5000 ROYAL Shores Dr. #201		CITY-ST-ZIP	Estero, FL 33928																																																																																																																			
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																									
NAME	RAPPA, FRANK D																																																																																																																																										
STREET ADDRESS	9115 JUSTINE DRIVE																																																																																																																																										
CITY-ST-ZIP	WEEKI WACHEE, FL 34613																																																																																																																																										
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME	FRANK D. RAPPA																																																																																																																																										
STREET ADDRESS	5000 ROYAL Shores Dr. #201																																																																																																																																										
CITY-ST-ZIP	Estero, FL 33928																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RAPPA, NANETTE P</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9115 JUSTINE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEEKI WACHEE, FL 34613</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RAPPA, NANETTE P		STREET ADDRESS	9115 JUSTINE DRIVE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">NANETTE P. RAPPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 ROYAL Shores Dr #201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Estero, FL 33928</td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NANETTE P. RAPPA		STREET ADDRESS	5000 ROYAL Shores Dr #201		CITY-ST-ZIP	Estero, FL 33928																																																																																																																			
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																									
NAME	RAPPA, NANETTE P																																																																																																																																										
STREET ADDRESS	9115 JUSTINE DRIVE																																																																																																																																										
CITY-ST-ZIP	WEEKI WACHEE, FL 34613																																																																																																																																										
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME	NANETTE P. RAPPA																																																																																																																																										
STREET ADDRESS	5000 ROYAL Shores Dr #201																																																																																																																																										
CITY-ST-ZIP	Estero, FL 33928																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																									
NAME																																																																																																																																											
STREET ADDRESS																																																																																																																																											
CITY-ST-ZIP																																																																																																																																											
<b>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.</b>																																																																																																																																											
SIGNATURE: <i>[Signature]</i> NANETTE P. RAPPA    4/10/05    239-390-8789 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																																											