

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000083423

1. Entity Name
NAVIGATOR PROPERTIES, INC.



Principal Place of Business
**2030 MCGREGOR BLVD
FORT MYERS, FL 33901**

Mailing Address
**2030 MCGREGOR BLVD
FORT MYERS, FL 33901**

FILED
Feb 12, 2005 08:00 AM
Secretary of State



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0950385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINK, MICHAEL G
2030 MCGREGOR BLVD
FT MYERS, FL 33901**

**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**

**1100000227441
02/12/05 80056 017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINK, MICHAEL G
STREET ADDRESS	2030 MCGREGOR BLVD
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	VSTD
NAME	LEONARD, MICHAEL W
STREET ADDRESS	2030 MCGREGOR BLVD
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

Date

Daytime Phone #