


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 008 ***150.00

DOCUMENT # S01523 1. Entity Name THE CAPE LIGHTHOUSE, INC.			
Principal Place of Business 834 S.E. 46TH LANE CAPE CORAL, FL 33904		Mailing Address 834 S.E. 46TH LANE CAPE CORAL, FL 33904	
2. Principal Place of Business 874 S.E. 46th Lane Suite, Apt. #, etc.		3. Mailing Address 874 S.E. 46th Lane Suite, Apt. #, etc.	
City & State Cape Coral Fl Zip 33904 Country Lee		City & State Cape Coral Fl 33904 Zip 33904 Country Lee	
4. FEI Number 65-0219342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DOLORES E 834 SE 46TH LANE CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 874 S.E. 46th Lane City Cape Coral FL Zip Code 33904	
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 <u>Dolores E. Miller</u> <u>Dolores E. Miller</u> 1-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS MILLER, DOLORES E 834 SE 46 LANE CAPE CORAL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILLER, RUSSELL L 834 SE 46 LANE CAPE CORAL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Dolores E. Miller</u>		Date <u>1/27/05</u> Daytime Phone # <u>239 549-2303</u>	