

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S89278

1. Entity Name
NEVA OF LEE COUNTY, INC.



Principal Place of Business
**C/O KEITH M SILVER
5235 RAMSEY WAY #17
FT MYERS, FL 33907 US**

Mailing Address
**C/O KEITH M SILVER
5235 RAMSEY WAY #17
FT MYERS, FL 33907 US**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0292406

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOX, MORRIS B
4020 DEL PRADO BLVD #1A
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 _____

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

(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**

**U000000033712
02/05/04-80055-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WIEZOREK, HEINZ
STREET ADDRESS	5657 RIVERSIDE DR
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	WIEZOREK, CHARLOTTE
STREET ADDRESS	5657 RIVERSIDE DR
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	SILVER, KEITH M
STREET ADDRESS	5235 RAMSEY WAY #17
CITY-ST-ZIP	FT MYERS, FL 33907
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

Date

Daytime Phone #

1-30-04 239-233-7243