

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 037 ****61.25

DOCUMENT # N20123					
1. Entity Name BLUE SKY'S CO-OP, INC.					
Principal Place of Business 6405 RADIO RD NAPLES, FL 34104 US			Mailing Address 6405 RADIO RD NAPLES, FL 33942 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2803217	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRELL, ROBERT E. 800 LAUREL OAK DR #300 NAPLES, FL 34108				Name SUZANNE E. ROBBINS CPA	
				Street Address (P.O. Box Number is Not Acceptable) 5282 CYPRESS LANE	
				City NAPLES	
				FL Zip Code 34113	
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 <i>Suzanne E. Robbins CPA</i>				DATE 3/23/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	DAVIS, GARY	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		179 SAND DR		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34104		CITY-ST-ZIP	
TITLE	VD	WILSON, WILL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		119 KIM DR.		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34104		CITY-ST-ZIP	
TITLE	DS	WOLFINGER, GENIE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	WOLFINGER, ERNESTINE
STREET ADDRESS		73 PALSO		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34104		CITY-ST-ZIP	
TITLE	T	GREEN, CHUCK	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		5 BLUE SKYS DR		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34104		CITY-ST-ZIP	
TITLE	V	SIMMONS, KERMIT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		8 BLUE SKYS DR.		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34104		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	T PARR, HOWARD
STREET ADDRESS				STREET ADDRESS	32 BLUE SKY'S DR.
CITY-ST-ZIP				CITY-ST-ZIP	NAPLES, FL 34104
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Howard E. Parr</i> HOWARD E. PARR				DATE 3/30/2006	
				Daytime Phone # 239-643-1077	