

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N20123</b> 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		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  MURRELL, ROBERT E. 800 LAUREL OAK DR #300 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name <u>SUZANNE E. ROBBINS CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>5282 CYPRESS LANE</u> City <u>NAPLES</u> FL Zip Code <u>34113</u>	
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>Suzanne E. Robbins CPA</u> DATE <u>3/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, GARY <input checked="" type="checkbox"/> Delete 179 SAND DR NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WILL <input type="checkbox"/> Delete 119 KIM DR. NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOLFINGER, GENIE <input type="checkbox"/> Delete 73 PALSO NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFINGER, ERNESTINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, CHUCK <input checked="" type="checkbox"/> Delete 5 BLUE SKYS DR NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, KERMIT <input type="checkbox"/> Delete 8 BLUE SKYS DR. NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARR, HOWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 BLUE SKY'S DR. 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: <u>Howard E. Parr</u> <u>HOWARD E. PARR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/30/2006</u>		Daytime Phone # <u>239-643-1077</u>