

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000044301

1. Entity Name

MOM AND TWO SISTERS, INC.



FILED

2006 OCT 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3011 DEL PRADO BLVD
CAPE CORAL FL 33904

Mailing Address
3011 DEL PRADO BLVD
CAPE CORAL FL 33904

Principal Place of Business
4635 CORONADO PKWY

3. Mailing Address
1154 LINCOLN CT

1st MOORE CR2E034 (10/05)

City & State
CAPE CORAL, FL
Zip
33904
Country
USA

City & State
CAPE CORAL, FL
Zip
33904
Country
USA

4. FEI Number 45-0514175
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, DEBORAH
3011 DEL PRADO BLVD. S.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *Deborah M Arnold*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME HELLER, JUDITH ARNOLD		
STREET ADDRESS 3011 DEL PRADO BLVD		
CITY-ST-ZIP CAPE CORAL FL 33904		
TITLE	VD	<input type="checkbox"/> Delete
NAME ARNOLD, LUCY		
STREET ADDRESS 3011 DEL PRADO BLVD		
CITY-ST-ZIP CAPE CORAL FL 33904		
TITLE	STD	<input type="checkbox"/> Delete
NAME ARNOLD, DEBORAH		
STREET ADDRESS 3011 DEL PRADO BLVD		
CITY-ST-ZIP CAPE CORAL FL 33904		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME HELLER, JUDITH ARNOLD		
STREET ADDRESS 4635 CORONADO PKWY		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME ARNOLD, LUCY		
STREET ADDRESS 4635 CORONADO PKWY		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME ARNOLD, DEBORAH		
STREET ADDRESS 4635 CORONADO PKWY		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS 800080683408		
CITY-ST-ZIP 10/10/06--01053--005 **150.00		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS 800080683408		
CITY-ST-ZIP 10/31/06--01079--015 **600.00		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Deborah M Arnold* 10-3-06 239-410-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #