


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90027 044 ***150.00

DOCUMENT # P04000077820

1. Entity Name
 SANIBEL PROPERTY MANAGEMENT, INC.



Principal Place of Business
 703 TARPON BAY ROAD
 SANIBEL, FL 33957 US

Mailing Address
 703 TARPON BAY ROAD
 SANIBEL, FL 33957 US

2. Principal Place of Business
 711 Tarpon Bay Rd

3. Mailing Address
 P.O. Box 100

Suite, Apt. #, etc.

City & State
 Sanibel FL

Zip
 33957

Country
 USA



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
 56-2464657

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

711
 MACKESY, STEVEN J
 703 TARPON BAY ROAD
 SANIBEL, FL 33957

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 _____ (NOTE: Registered Agent signature required when consulting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PRES MACKESY, STEVEN J 703 TARPON BAY ROAD SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 711 Tarpon Bay Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR MACKESY, JANETTE K 703 TARPON BAY ROAD SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 711 TARPON BAY Rd
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with a other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR