


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 044 \*\*\*\*70.00

<b>DOCUMENT # 706669</b> 1. Entity Name <b>FLEUR-DE-LIS, INC.</b>					
Principal Place of Business <b>#1 NO. GOLFVIEW DR. LAKE WORTH FL 33460</b>			Mailing Address <b>#1 NO. GOLFVIEW DR. LAKE WORTH FL 33460</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>APT 402</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>59-1003399</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			1st MOORE CR2E037 (10/05)		
6. Name and Address of Current Registered Agent  <b>SMILEY, WILLIAM 1 NORTH GOLFVIEW DR APT 402 LAKE WORTH FL 33460</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>William E. Smiley Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>William E. Smiley Jr.</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-23-06</u> <small>DATE</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WADDEN, MICHAEL 1 NORTH GOLF VIEW, # 602/603 LAKE WORTH FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WELDY, JOANNE 1 N GOLFVIEW # 501 LAKE WORTH FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WADDEN, JOHN 1 N GOLFVIEW, #602/603 LAKE WORTH FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JAY GREENE 1 North Golfview Apt 205 LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMILEY, WILLIAM 1 N GOLFVIEW # 402 LAKE WORTH FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASBEY, DAVID 1 N GOLFVIEW # 102 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSAN KENT 1 North Golfview Apt 501 LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILLIGAN, THOMAS 1 NORTH GOLFVIEW # 704 LAKE WORTH FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRLE SALEMIRIO 1 North Golfview #503 LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 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:** William E. Smiley Jr. / William E. SMILEY JR. TREASURER 2/27/06 561/585-5227