



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-14-2006 90024 016 \*\*\*150.00

<b>DOCUMENT # P05000081942</b>					
<b>1. Entity Name</b> 2575 CLEVELAND, INC.					
<b>Principal Place of Business</b> <del>2072 VICTORIA AVE</del> 2575 Cleveland Ave FT MYERS, FL 33901			<b>Mailing Address</b> <del>2072 VICTORIA AVE</del> 2575 Cleveland Ave FT MYERS, FL 33901		
<b>2. Principal Place of Business</b> 2575 Cleveland Ave		<b>3. Mailing Address</b> 2575 Cleveland Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102006    Chg-P    CR2E034 (11/05)	
<b>City &amp; State</b> Ft. Myers FL		<b>City &amp; State</b> Ft. Myers FL		<b>4. FEI Number</b> 20-3037928	
<b>Zip</b> 33901		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  AIKEN, PETER D 2072 VICTORIA AVE FT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: Peter D. Aiken Street Address (P.O. Box Number is Not Acceptable): 2575 Cleveland Ave. City: Ft. Myers, FL FL Zip Code: 33901		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Peter D. Aiken</u> DATE: <u>7-10-06</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> O'HALLORAN, SEAN C	<input type="checkbox"/> Delete	<b>TITLE</b> President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 2575 Cleveland Ave.
<b>STREET ADDRESS</b> 2072 VICTORIA AVE	<b>CITY-ST-ZIP</b> FT MYERS, FL 33901		<b>STREET ADDRESS</b> 2575 Cleveland Ave.	<b>CITY-ST-ZIP</b> Ft. Myers FL 33901	
<b>TITLE</b> VSTD	<b>NAME</b> AIKEN, PETER D	<input type="checkbox"/> Delete	<b>TITLE</b> Sec. Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 2575 Cleveland Ave.
<b>STREET ADDRESS</b> 2072 VICTORIA AVE	<b>CITY-ST-ZIP</b> FT MYERS, FL 33901		<b>STREET ADDRESS</b> 2575 Cleveland Ave.	<b>CITY-ST-ZIP</b> Ft. Myers FL 33901	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u>Peter D. Aiken</u> Date: <u>7-10-06</u> Daytime Phone #: <u>238-334-8890</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					