2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90009 001 ***150.00

DOCUMENT # 594364

1. Entity Name
EXTRA CLOSET OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
2355 BRUNER LN SE FT. MYERS, FL 33912	2355 BRUNER LN SE FT. MYERS, FL 33912

03282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1865954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIVINGSTON, RALPH L 3745 BLUE HERON CT FORT MYERS, FL 33908	Name: Ralph L Livingston Street Address (P.O. Box Number is Not Acceptable): 1715 NW 12th Road City: Gainesville FL Zip Code: 32605

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP LIVINGSTON, RALPH L 3745 BLUE HERON CT FT MYERS, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Livingston, Ralph L 1715 NW 12th Rd Gainesville, FL 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LIVINGSTON, BARBARA S 3745 BLUE HERON CT FT MYERS, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Livingston, Barbara S 1715 NW 12th Road Gainesville, FL 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara S Livingston 3/28/06 352-371-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #