

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90095 048 \*\*\*150.00

**DOCUMENT # 621120**

1. Entity Name  
**ACCESSORIES, ETC., INC.**



Principal Place of Business  
**9696 BONITA BEACH RD.  
SUITE 101  
BONITA SPRINGS, FL 34135 US**

Mailing Address  
**9696 BONITA BEACH RD.  
SUITE 101  
BONITA SPRINGS, FL 34135 US**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1751750**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FORBES, CHRISTINA P  
9696 BONITA BEACH ROAD  
SUITE 101  
BONITA SPRINGS, FL 34135**

**DO NOT WRITE  
IN THIS SPACE**

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**

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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	FORBES, CHRISTINA PORTER
STREET ADDRESS	3736 RACHEL LANE
CITY-ST-ZIP	NAPLES, RD 34103

TITLE	VTD
NAME	PORTER, JOHN B
STREET ADDRESS	27031 DRIFTWOOD DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Christina P Forbes* **Christina P Forbes**

Date

**1/31/06 239.444.1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



ATTACHMENT

40031827

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

ACCESSORIES, ETC., INC.  
9696 BONITA BEACH RD.  
SUITE 101  
BONITA SPRINGS, FL 34135 US

Subject: ACCESSORIES, ETC., INC.

Reference Number:

621120

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

*Sorry about that!*

*Paid CK# 9309  
03-13-06  
\$150.00*