

**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

**DOCUMENT # 706669**  
1. Entity Name  
**FLEUR-DE-LIS, INC.**



Principal Place of Business: #1 NO. GOLFVIEW DR. LAKE WORTH FL 33460  
Mailing Address: #1 NO. GOLFVIEW DR. LAKE WORTH FL 33460



2. Principal Place of Business: Suite, Apt. #, etc. **APT 402**  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-1003399**  
Applied For:  Not Applicable:

Zip: Country: Zip: Country:

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

6. Name and Address of Current Registered Agent  
**SMILEY, WILLIAM**  
**1 NORTH GOLFVIEW DR APT 402**  
**LAKE WORTH FL 33460**

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: William E. Smiley Jr. William E. Smiley Jr. 3/13/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: VP NAME: WADDEN, MICHAEL STREET ADDRESS: 1 NORTH GOLF VIEW, # 602/603 CITY-ST-ZIP: LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE: SD NAME: WELDY, JOANNE STREET ADDRESS: 1 N GOLFVIEW # 501 CITY-ST-ZIP: LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE: P NAME: WADDEN, JOHN STREET ADDRESS: 1 N GOLFVIEW, #602/603 CITY-ST-ZIP: LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SMILEY, WILLIAM STREET ADDRESS: 1 N GOLFVIEW # 402 CITY-ST-ZIP: LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE: D NAME: BASBEY, DAVID STREET ADDRESS: 1 N GOLFVIEW # 102 CITY-ST-ZIP: LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: GILLIGAN, THOMAS STREET ADDRESS: 1 NORTH GOLFVIEW # 704 CITY-ST-ZIP: LAKE WORTH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PRESIDENT NAME: JAY GREENE STREET ADDRESS: 1 NORTH GOLFVIEW APT 205 CITY-ST-ZIP: LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SUSAN KENT STREET ADDRESS: 1 NORTH GOLFVIEW APT 501 CITY-ST-ZIP: LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DALE SALEMIRIO STREET ADDRESS: 1 NORTH GOLFVIEW # 503 CITY-ST-ZIP: LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JOHN BIDNEY STREET ADDRESS: 1 NORTH GOLFVIEW # 403 CITY-ST-ZIP: LAKE WORTH FL 33460	<input checked="" type="checkbox"/> ADD.

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