

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

05-03-2006 90215 008 ****61.25

DOCUMENT #710876 1. Entity Name EMMY-LOU INC., OF NAPLES					
Principal Place of Business 2601 GULF SHORE BLVD., NORTH NAPLES, FL 34103			Mailing Address 2685 HORSESHOE DRIVE SOUTH SUITE 215 NAPLES, FL 34104		
2. Principal Place of Business 410 Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104		3. Mailing Address 410 Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104			
4. FEI Number 59-1163888		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent TORES-ALVARADO, NATLY KNOTT, CONSOOR, EBELINI, HART 1625 HENDRY STREET, 3RD FLOOR FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Laurence Barr Street Address (P.O. Box Number is Not Acceptable) 21001 Gulfshore Blvd. N#46 City Naples FL Zip Code 34103		
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 8/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLIS, JOHN H 2601 GULF SHORE BLVD NORTH #43 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT James Bere 21001 Gulfshore Blvd. N#17 Naples, FL 34103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERLIHY, JOHN J. 2601 GULF SHORE BLVD, NORTH # 15 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 2601 GULF SHORE BLVD. NORTH # 12 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGINN, ROBERT 2601 GULF SHORE BLVD. NORTH # 3 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYMOND, MARY 2601 GULF SHORE BLVD. NORTH, #26 NAPLES, FL 34103	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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			Date 8/11/06		