

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 024 ****61.25

60014227



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2696287

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

P&M PROPERTY MANAGEMENT, INC.
15660 SAN CARLOS BLVD., #40
FORT MYERS, FL 33908

Name SAPP, PAUL
Street Address (P.O. Box Number is Not Acceptable)
P&M PROPERTY MGT INC
15660 SAN CARLOS BLVD # 40
City FORT MYERS FL Zip Code 33908

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 Paul S. Sapp

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/31/06
DATE

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WIEBE, JOERG	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTTO, BIAGIO	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMAS, MICHELLE	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SAPP, PAUL	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul S. Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 239 481-1522
Date Daytime Phone #