

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 023 \*\*\*150.00

DOCUMENT # F00000005559

1. Entity Name

650-0002, INC.



Principal Place of Business

377 CITATION POINT  
NAPLES FL 34104

Mailing Address

377 CITATION POINT  
NAPLES FL 34104



2. Principal Place of Business

3096 Tamiami Trail North

Suite, Apt. #, etc.

Suite 1

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

3096 Tamiami Trail North

Suite, Apt. #, etc.

Suite 1

City & State

Naples, FL

Zip

34103

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3639092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, J. SCOTT  
377 CITATION POINT  
NAPLES FL 34104

3096 Tamiami Trail North  
Suite 1  
Naples, FL 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CDPV ☐ Delete  
NAME PHILLIPS, J. SCOTT  
STREET ADDRESS 377 CITATION POINT  
CITY-ST-ZIP NAPLES FL 34104

TITLE VP ☐ Delete  
NAME MALONE, JAMES R  
STREET ADDRESS 377 CITATION POINT  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3096 Tamiami Trail North, Suite 1  
CITY-ST-ZIP Naples, FL 34103

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3096 Tamiami Trail North Suite 1  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Scott Phillips

4/12/06

(239) 413-9700

Date:

Daytime Phone #