

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05207

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: CORAL LANES, INC.

## Current Principal Place of Business:

250 SANTA BARBARA BLVD.  
CAPE CORAL, FL 33991 US

## New Principal Place of Business:

## Current Mailing Address:

28351 S. TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134 US

## New Mailing Address:

FEI Number: 59-2460932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CINIELLO, PATRICK  
28351 S. TAMIAMI TRAIL  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CINIELLO, PATRICK,  
Address: 28351 S. TAMIAMI TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: RUBENSTEIN, MICHAEL,  
Address: 8270-201 COLLEGE PKWY  
City-St-Zip: FT. MYERS, FL

Title: V ( ) Delete  
Name: CINIELLO, PATSY,  
Address: 28351 S. TAMIAMI TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: JOHNSON, KARL,  
Address: 2142 LAKEVIEW BLVD  
City-St-Zip: N FT MYERS, FL 33903

Title: T ( ) Delete  
Name: RANKINE, PATRICIA  
Address: 28351 S. TAMIAMI TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CINIELLO

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date