

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90050 031 \*\*\*150.00

**DOCUMENT # J68106**  
 1. Entity Name  
**CANAL POINT MAINTENANCE CO.**



Principal Place of Business      Mailing Address  
 10 HELEN LANE      10 HELEN LANE  
 FT. MYERS BEACH FL 33931-2940      FT. MYERS BEACH FL 33931-2940  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**59-2798743**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
 GOECKE, MARYJO  
 15554 BEACH PEBBLE WAY  
 FORT MYERS FL 33908

**7. Name and Address of New Registered Agent**  
 Name: **MARY JO GOECKE**  
 Street Address (P.O. Box Number is Not Acceptable):  
**10 HELEN LANE**  
 City: **FT. MYERS BEACH**      **FL**      Zip Code: **33931**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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          | T                         | <input type="checkbox"/> Delete            |
| NAME           | GOECKE, MARYJO            |  |
| STREET ADDRESS | 15554 BEACH PEBBLE WAY    |  |
| CITY-ST-ZIP    | FORT MYERS FL 33908       |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | VOLTAREL, LOU             |  |
| STREET ADDRESS | 71 NANCY LANE             |  |
| CITY-ST-ZIP    | FORT MYERS BEACH FL 33931 |  |
| TITLE          | DS                        | <input type="checkbox"/> Delete            |
| NAME           | SUE WERTZ                 |  |
| STREET ADDRESS | 50 OYSTER BAY LANE        |  |
| CITY-ST-ZIP    | FT. MYERS BEACH FL        |  |
| TITLE          | DP                        | <input type="checkbox"/> Delete            |
| NAME           | BEASLEY, BOB              |  |
| STREET ADDRESS | 390 PALERMO CIR           |  |
| CITY-ST-ZIP    | FORT MYERS BEACH FL 33931 |  |
| TITLE          | DV                        | <input checked="" type="checkbox"/> Delete |
| NAME           | JENSEN, MARIJANE          |  |
| STREET ADDRESS | 31 NANCY LANE             |  |
| CITY-ST-ZIP    | FT. MYERS BEACH FL        |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | HOAG, JAMES               |  |
| STREET ADDRESS | 60 EMILY LANE             |  |
| CITY-ST-ZIP    | FT MYERS BCH FL 33931     |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | VICE PRESIDENT           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BOB TURNER               |  |
| STREET ADDRESS | 5 NANCY LANE             |  |
| CITY-ST-ZIP    | FT. MYERS BEACH FL 33931 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| 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 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: Mary Jo Goecke      MARY JO GOECKE      Date: 2/9/06      Daytime Phone #: 239-466-5899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #