


**-2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000493	
1. Entity Name THE CAPTIVA ROCKS HISTORICAL PRESERVATION SOCIETY, INC.	

Principal Place of Business 15152 ANCHORAGE WAY FORT MYERS, FL 33908	Mailing Address 15152 ANCHORAGE WAY FORT MYERS, FL 33908
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1683496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDRY, ROY L 15152 ANCHORAGE WAY FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDRY, ROY L 15152 ANCHORAGE WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLE, MARCIA K 797 SPRING CREEK ROAD DANRIDGE, TN 37725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCQUEEN, ROBERT POST OFFICE BOX 511249 PUNTA GORDA, FL 33951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000443184
03/04/06-00053-002 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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: Roy L. Hendry 2/12/06 239-437-0983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone