

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90250 020 \*\*\*\*61.25

**DOCUMENT # N03000007143**

1. Entity Name  
**FORT MYERS PHANTOMS, INC.**



Principal Place of Business  
**2250 BROADWAY  
FORT MYERS, FL 33901**

Mailing Address  
**204 SE 20TH PL  
CAPE CORAL, FL 33990**

**40039157**



2. Principal Place of Business

3. Mailing Address

**4929 SW 9TH PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-NP

CR2E037 (11/05)

City & State

City & State  
**Cape Coral, FL**

4. FEI Number  
**90-0120545**

Applied For  
Not Applicable

Zip

Country

Zip  
**33914**

Country  
**Lee**

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

**GAYER, ANTOINETTE  
4929 SW 9TH PLACE  
CAPE CORAL, FL 33914**

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

**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 **D** ☐ Delete  
NAME **BOYE, ROBERT J**  
STREET ADDRESS **5014 SW 24TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

TITLE **P** ☐ Delete  
NAME **GAYER, ANTOINETTE**  
STREET ADDRESS **4929 SW 9TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

TITLE **SD** ☐ Delete  
NAME **CARLSON, PAUL**  
STREET ADDRESS **431 SW 33RD ST.**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

TITLE **D** ☒ Delete  
NAME **HARRINGTON, JOHN**  
STREET ADDRESS **1789 MARLYN**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

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

TITLE **D** ☐ Delete  
NAME **PLATE, ANDREW**  
STREET ADDRESS **1429 SW 49TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VP** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **WILLENBACHER, LISA**  
STREET ADDRESS **204 SE 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

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 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:

*Antoinette G. Gayer* President

3-23-06 (239) 542-1412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #