


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90193 035 ***150.00

DOCUMENT # P01000113510 1. Entity Name ESTERO ISLAND TRADING COMPANY, INC.																																																																																																																																									
Principal Place of Business 7205 ESTERO BLVD., SUITE 16B VILLA SANTINI FORT MYERS BEACH, FL 33931			Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906																																																																																																																																						
2. Principal Place of Business <i>Same</i>		3. Mailing Address 																																																																																																																																							
Suite, Apt. #, etc. <i>STE 714</i>		Suite, Apt. #, etc. 																																																																																																																																							
City & State 		City & State 																																																																																																																																							
Zip 	Country 	Zip 	Country 	4. FEI Number 65-1155842																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 <i>[Signature]</i> PRESIDENT, EITC 4/30/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																						
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.																																																																																																																																									
SIGNATURE <i>[Signature]</i> 4/30/06 (239) 463-4715 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									



01192006 Chg-P CR2E034 (11/05)

4. FEI Number **65-1155842** ☒ Applied For
Not Applicable

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

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]* **PRESIDENT, EITC** **4/30/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
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 SIGNATURE *[Signature]* **4/30/06 (239) 463-4715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #