

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90117 033 \*\*\*150.00

**DOCUMENT # P02000021239**

1. Entity Name  
**ILLUMINATIONS TOO, INC.**



Principal Place of Business  
**7828 38TH COURT EAST  
SARASOTA, FL 34243**

Mailing Address  
**8437 TUTTLE AVE  
#123  
SARASOTA, FL 34243**

**40041136**



2. Principal Place of Business  
**3910 HIDDEN GLEN DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4411 BEE RIDGE RD.**  
Suite, Apt. #, etc.  
**#121**

02252006 Chg-P CR2E034 (11/05)

City & State  
**SARASOTA, FL**  
Zip  
**34241** Country  
**USA**

City & State  
**SARASOTA, FL**  
Zip  
**34233** Country  
**USA**

4. FEI Number  
**02-0571328** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHEPARD, LINDA A  
7828 38TH COURT EAST  
SARASOTA, FL 34243**

**7. Name and Address of New Registered Agent**

Name **SHEPARD, LINDA A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3910 HIDDEN GLEN DRIVE**  
City **SARASOTA** **FL** Zip Code **34241**

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 *Linda A. Shepard* **2/28/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPARD, LINDA A	
STREET ADDRESS	7828 38TH COURT EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SHEPARD, DAVID A	
STREET ADDRESS	7828 38TH CT EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, LINDA A.	
STREET ADDRESS	3910 HIDDEN GLEN DR.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, DAVID A.	
STREET ADDRESS	3910 HIDDEN GLEN DR.	
CITY-ST-ZIP	SARASOTA, FL 34241	
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 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 all other like empowered.

SIGNATURE: *Linda A. Shepard* **(941-928-3656/2/28/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #