


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90180 046 \*\*\*150.00

<b>DOCUMENT # P02000030547</b>	
1. Entity Name <b>FT. MYERS SPEEDOMETER, INC.</b>	

Principal Place of Business <b>2771 HANSON STREET FORT MYERS, FL 33901</b>	Mailing Address <b>2771 HANSON STREET FORT MYERS, FL 33901</b>
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**60022265**



2. Principal Place of Business <b>2675 Crag St</b>	3. Mailing Address <b>2675 Crag St</b>
Suite, Apt. #, etc. <b>Ft Myers</b>	Suite, Apt. #, etc. <b>Ft Myers</b>
City & State <b>FL</b>	City & State <b>FL</b>
Zip <b>33901</b>	Country <b>USA</b>

03012006 Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3645985</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SMITH, CARL MOIR 2771 HANSON STREET FORT MYERS, FL 33901</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2675 Crag St</b>	
City <b>Ft Myers</b>	FL Zip Code <b>33901</b>

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 *C. Moir Smith* DATE *3-2-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, CARL MOIR 2771 HANSON STREET FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, CARL MOIR 2675 Crag St Ft Myers, FL 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *C. Moir Smith* DATE *3-2-06* DAYTIME PHONE # *239-334-8812*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR