

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000067410**

1. Entity Name  
THE HOUSE OF COLQUHOUN, INC.



Principal Place of Business  
4069 BAYSHORE DRIVE  
NAPLES, FL 34112

Mailing Address  
4069 BAYSHORE DRIVE  
NAPLES, FL 34112



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0736826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

VOLPE, MICHAEL J  
711 FIFTH AVE. SOUTH, STE. 201  
NAPLES, FL 34102

**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 \_\_\_\_\_

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 PD  
NAME COLQUHOUN, CRAIG  
STREET ADDRESS 4275 1ST AVE. NW  
CITY-ST-ZIP NAPLES, FL 34119

TITLE VSTD  
NAME ELETT, TEDDY  
STREET ADDRESS P.O. BOX 771240  
CITY-ST-ZIP NAPLES, FL 34107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000379136  
01/10/06-800008-023 150.00

**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 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:** \_\_\_\_\_

Craig Colquhoun

1/6/06

239-530-3601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #