

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90016 046 ***150.00

DOCUMENT # P02000073661

1. Entity Name

CUPID'S PLACE, INC.



Principal Place of Business

**1177 PARK AVENUE, STE 12
ORANGE PARK FL 32073**

Mailing Address

**2425 SOUTHERN LINKS DRIVE
ORANGE PARK FL 32003**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1177 Park Ave, Ste 12

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

Orange Park FL

4. FEI Number

54-2065941

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

USA

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

**NEVINS, KWAN M
2425 SOUTHERN LINKS DRIVE
ORANGE PARK FL 32003**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **PD**
STREET ADDRESS **ROBERTSON, SEYMOUR M**
CITY-ST-ZIP **1579 BELLA LAGUNA
LEUCADIA CA 92024**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **NEVINS, KWAN M**
CITY-ST-ZIP **2425 SOUTHERN LINKS DRIVE
ORANGE PARK FL 32003**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

KWAN NEVINS 3/27/06

904-368-5912