

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118482

Entity Name: SLEEPING FOX, INC.

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

17446 MEADOW LAKE CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

EDWARD M. LIVINGTON, ESQ.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 51-0434706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M ESQ.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FOX, BEVERLY
Address: 17446 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VPS () Delete
Name: CARLSON, BRUCE C
Address: 17446 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY FOX

PT

03/24/2006

Electronic Signature of Signing Officer or Director

Date