

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000133198**

1. Entity Name  
PICTURE WAREHOUSE OF FORT MYERS, INC.



Principal Place of Business  
11742 MERTO PARKWAY  
FORT MYERS, FL 33912

Mailing Address  
2700 IMMOKALEE ROAD  
#16  
NAPLES, FL 34110



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0147056

Applied For  
Not Applicable

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

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

PALINCHAK, STEPHEN L  
2700 IMMOKALEE ROAD #16  
NAPLES, FL 34110

**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

U00000557275

05/17/06-80043-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COMERIATO, ROBERT S
STREET ADDRESS	1912 PRINCESS COURT
CITY - ST - ZIP	NAPLES, FL 34110
TITLE	D
NAME	PALINCHAK, STEPHEN L
STREET ADDRESS	2255 IMPERIAL GOLF COURSE BOULEVARD
CITY - ST - ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-05-06

239-578-3207