
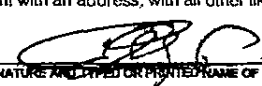


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000011611 1. Entity Name POP-EYE HOMES, INC.		
Principal Place of Business 5175 ADMINISTRATION STREET PORT CHARLOTTE, FL 33948	Mailing Address 5175 ADMINISTRATION STREET PORT CHARLOTTE, FL 33948	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRUN, GEORGES 5175 ADMINISTRATION STREET PORT CHARLOTTE, FL 33948		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUN, GEORGES 5175 ADMINISTRATION STREET PORT CHARLOTTE, FL 33948	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0724581

Applied For
Not Applicable

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

U00000530090
05/05/06-80102-013 150.00

**DO NOT WRITE
IN THIS SPACE**

Apr 19, 06 941-625-8339
Date Daytime Phone #