

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000044301

1. Entity Name

MOM AND TWO SISTERS, INC.



FILED

2006 OCT 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/05)

Principal Place of Business

3011 DEL PRADO BLVD
CAPE CORAL FL 33904

Mailing Address

3011 DEL PRADO BLVD
CAPE CORAL FL 33904

Principal Place of Business

4635 CORONADO PKWY

Mailing Address

1154 LINCOLN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip
33904

Country
USA

Zip
33904

Country
USA

4. FEI Number

45-0514175

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DEBORAH
3011 DEL PRADO BLVD. S.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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

Deborah M. Arnold

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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

TITLE PD ☐ Delete
NAME HELLER, JUDITH ARNOLD
STREET ADDRESS 3011 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD ☐ Delete
NAME ARNOLD, LUCY
STREET ADDRESS 3011 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE STD ☐ Delete
NAME ARNOLD, DEBORAH
STREET ADDRESS 3011 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4635 CORONADO PKWY
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4635 CORONADO PKWY
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4635 CORONADO PKWY
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800080683408
CITY-ST-ZIP 10/10/06--01053--005 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800080683408
CITY-ST-ZIP 10/31/06--01079--015 **600.00

TITLE ☐ Change ☐ Addition
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 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

10-3-06 239-410-9JJS

Date

Daytime Phone #