

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 047 \*\*\*150.00

**60015304**



01092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000083638</b>					
1. Entity Name CALOOSA SHORES ENTERPRISES, INC.					
Principal Place of Business 615 CAPE CORAL PARKWAY SUITE 101 CAPE CORAL, FL 33914			Mailing Address 615 CAPE CORAL PARKWAY SUITE 101 CAPE CORAL, FL 33914		
2. Principal Place of Business <i>2608 PROFESSIONAL BL</i>			3. Mailing Address <i>P O BOX 3482</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>N FT MYERS FL</i>			City & State <i>N FT MYERS FL</i>		
Zip <i>33903</i>		Country <i>US</i>	Zip <i>33918</i>		Country <i>US</i>
4. FEI Number <b>81-0627383</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  CARROLL, JERRY R 615 CAPE CORAL PARKWAY SUITE 101 CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent  Name <i>KAPLAN, ADAM D ESO</i> Street Address (P.O. Box Number is Not Acceptable) <i>27499 RIVERVIEW CTR BLVD, SUITE 229</i> City <i>BONITA SPRINGS</i> <b>FL</b> Zip Code <i>334134</i>		
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 <i>[Signature]</i> <i>ADAM KAPLAN.</i> DATE <i>1-31-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAZIER, CHARLES B 11915 KING JAMES COURT CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLESPIE, THOMAS 3025 NE JUANITA PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2-3-06</i> Daytime Phone # <i>239-656-7044</i>		