


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90064 042 ***150.00

DOCUMENT # P03000085474

1. Entity Name
ELEGANT OUTDOOR LIFESTYLES, INC.



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01062006 Chg-P CR2E034 (11/05)

Principal Place of Business
**3375 N TAMiami TRAIL
 NAPLES, FL 34103**

Mailing Address
**17080 ALICO COMMERCE CT
 STE 1
 FORT MYERS, FL 33912**

2. Principal Place of Business
17080 Alice Commerce Ct

3. Mailing Address

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State

Zip
33912

Country
USA

Zip

Country

4. FEI Number
20-0132974

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWELL, DAVID A
 17080 ALICO COMMERCE CT SUITE 1
 FORT MYERS, FL 33912**

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 *Katherine A. Spears* DATE **1/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOWELL, DAVID A 17080 ALICO COMMERCE CT SUITE 1 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Katherine A. Spears* DATE: **1/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #