## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P03000126750 1. Entity Name ART POTTER ENTERPRIZES, INC. Principal Place of Business Mailing Address 271 25TH ST NW 271 25TH ST NW NAPLES, FL 34120 NAPLES, FL 34120 02252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0853187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent POTTER, ARTHUR P DO NOT WRITE 271 25TH ST NW NAPLES, FL 34120 IN THIS SPACE 3. 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 3. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD POTTER, ARTHUR P NAME STREET ADDRESS 271 25TH ST NW CITY-ST-ZIP NAPLES, FL 34120 U00000494050 TITLE 04/20/06-80030-012 150.Di NAME STREET ADDRESS CDY-ST-ZIP TITLE STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP DDE NAME STREET ADDRESS CHY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

**FILED**