

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

05-22-2006 90041037 \*\*\*\*\*8.75  
 07-10-2006 900291034 \*\*\*\*141.21  
 P04000136550



06 JUL 10 PM 3:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

00000104

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTIONS CONTAINED IN SECTION 119, FLORIDA STATUTES.

1st MOORE CR2E034 (10/05)

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # P04000136550  |   |    |   |
| 1. Entity Name<br>NEIL 'N' KARRIN'S ERRANDS, INC.  |   |   |   |
| Principal Place of Business<br>20 DOUBLOON WAY<br>FT MYERS BEACH FL 33931  |   | Mailing Address<br>20 DOUBLOON WAY<br>FT MYERS BEACH FL 33931   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |
| Suits, Apt. #, etc.  |   | Suits, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br>20-1691665  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |   |   |
| 6. Name and Address of Current Registered Agent<br><br>UNGER, KARRIN R<br>20 DOUBLOON WAY<br>FT MYERS BEACH FL 33931   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and fee # applicable. NOTE: Registered Agent signature required when reinstating.</small>  |   |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |   | B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                    |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | PSTD<br>UNGER, KARRIN R<br>20 DOUBLOON WAY<br>FT MYERS BEACH FL 33931 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VD<br>UNGER, CHARLES N<br>20 DOUBLOON WAY<br>FT MYERS BEACH FL 33931 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:    |   | Date: 5/8/04  | Daytime Phone: 239-463-5839                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |

7/12/04