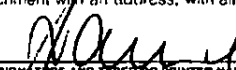


FILED
May 01, 2006 8:00 am
Secretary of State

03-06-2006 90020 047 ***150.00

DOCUMENT # P04000159869				Secretary of State 03-06-2006 90020 047 ***150.00	
1. Entity Name MYCO PROPERTIES, INC.					
Principal Place of Business 2638 SE 19TH AVE CAPE CORAL FL 33904		Mailing Address 2638 SE 19TH AVE CAPE CORAL FL 33904			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 20-2651921 1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number AP-PLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESO 1105 CAPE CORAL PKWY EAST 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 _____ DATE _____ Signature, typed or printed name of registered agent and his or her appointee (NOT Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GRAMSCH, HANS-HERMANN 2638 SE 19TH AVE CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  GRAMSCH			02-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

ATTACHMENT

66013205

#P04000159869

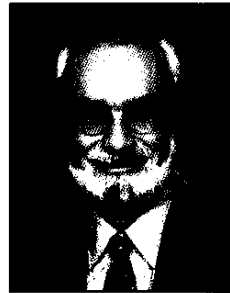


Phone: (239) 542-8611, Ext. 144

Fax: (239) 540-0169

Res: (239) 549-9993

MSC@FloridaSW.com



4097462 Heidi

7431000632 NyCo

700523848 HHG.

79054420 equity

7430840665 Phil

^{FEI}
NyCo 20-2651921

Plutea 65-0901513

NyCo 90-0258638

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Schneider-Christians
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