


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000165091</b>	
1. Entity Name L.R.G. HOLDINGS CORPORATION	

Principal Place of Business 463 GOLFVIEW DRIVE NAPLES, FL 34110	Mailing Address 463 GOLFVIEW DRIVE NAPLES, FL 34110
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1901400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GOODFELLOW, KENNETH JR. 463 GOLFVIEW DRIVE NAPLES, FL 34110
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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**

DATE  
02/20/06-80059-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GOODFELLOW, KENNETH JR. 463 GOLFVIEW DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GOODFELLOW, LORAYNE 463 GOLFVIEW DRIVE NAPLES, FL 34110
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**DO NOT WRITE  
IN THIS SPACE**

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 Lorayne Goodfellow Lorayne Goodfellow 239-592-7596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #