


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90182 003 ***150.00

DOCUMENT # P05000010356	
1. Entity Name CORKSCREW PLANTATION V, INC.	

Principal Place of Business 26811 S. BAY DRIVE, STE. 240 BONITA SPRINGS, FL 34134	Mailing Address 26811 S. BAY DRIVE, STE. 240 BONITA SPRINGS, FL 34134
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2. Principal Place of Business Suite, Apt. #, etc. <i>Suite # 350</i> City & State Zip	3. Mailing Address Suite, Apt. #, etc. <i>Suite # 350</i> City & State Zip	Country
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04202006 Chg-P CR2E034 (11/05)

4. FEI Number <i>30-0304327</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CECIL, W. JEFFREY ESQ. 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108-2709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: *FRANZ ROSINUS* April 26-06 (239) 949-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #