

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90108 008 \*\*\*150.00

**DOCUMENT # P05000017329**

1. Entity Name  
**BLEUON'CE COMPANY**



Principal Place of Business  
**31 NE 20TH PLACE  
CAPE CORAL, FL 33909**

Mailing Address  
**31 NE 20TH PLACE  
CAPE CORAL, FL 33909**

**50013793**

2. Principal Place of Business  
**13010 SANDY KEY BEND**

3. Mailing Address  
**13010 SANDY KEY BEND**

Suite, Apt. #, etc.  
**SUITE 3**

Suite, Apt. #, etc.  
**SUITE 3**

04162006 Chg-P CR2E034 (11/05)

City & State  
**NORTH FORT MYERS FL**

City & State  
**NORTH FORT MYERS FL**

4. FEI Number  
**20-2261130**

Applied For  
Not Applicable

Zip  
**33903** Country  
**US**

Zip  
**33903** Country  
**US**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRODY, WILLIAM J  
31 NE 20TH PLACE  
CAPE CORAL, FL 33909**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**13010 SANDY KEY BEND SUITE 3**

City  
**NORTH FORT MYERS**

**FL**

Zip Code  
**33903**

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 applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**15 APRIL 06**

**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

**10. OFFICERS AND DIRECTORS**

TITLE  
**P** ☐ Delete  
NAME  
**BRODY, WILLIAM J**  
STREET ADDRESS  
**31 NE 20TH PLACE**  
CITY-ST-ZIP  
**CAPE CORAL, FL 33909**

TITLE  
**VP** ☐ Delete  
NAME  
**BRODY, EVELYN**  
STREET ADDRESS  
**31 NE 20TH PLACE**  
CITY-ST-ZIP  
**CAPE CORAL, FL 33909**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**13010 SANDY KEY BEND SUITE 3  
NORTH FORT MYERS FL 33903**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**13130 SANDY KEY BEND SUITE 3  
NORTH FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**15 APRIL 06**

**239.565.5040**