

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 043 ***150.00

40051906



04072006 Chg-P CR2E034 (11/05)

4. FEI Number **203179335** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1640 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name **XAVIER VILLARREAL**

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

1284 CLEBURNE DR.

City **FORT MYERS**

FL

Zip Code **33919**

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

Xavier M. Villarreal

(NOTE: Registered Agent signature required when reinstating)

X 4-14-06

DATE

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 PD ☐ Delete
NAME VILLARREAL, XAVIER
STREET ADDRESS 1284 CLEBURNE DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE V ☐ Delete
NAME VILLAREAL, MARY A
STREET ADDRESS 1284 CLEBURNE DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE ~~S~~ ☐ Delete
NAME ~~DONNER, RICHARD A~~
STREET ADDRESS ~~1284 CLEBURNE DR~~
CITY-ST-ZIP ~~FT MYERS, FL 33919~~

TITLE T ☐ Delete
NAME VILLARREAL, MARY A
STREET ADDRESS 1284 CLEBURNE DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V AND S** ☒ 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

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:

X Mary Alice Villarreal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4-14-06 X