

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 011 ***150.00

DOCUMENT # P05000101280

1. Entity Name
ST. LOUIS PLUS, INC.



Principal Place of Business
**46 BENNINGTON DRIVE
NAPLES, FL 34104**

Mailing Address
**POST OFFICE BOX 10992
NAPLES, FL 34101**

40006866



2. Principal Place of Business
46 Bennington Drive

3. Mailing Address

Suite, Apt. #, etc.
Apt. 3

Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State
Naples, Florida

City & State

4. FEI Number
20-3184953

Applied For
Not Applicable

Zip
34104

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **ST. LOUIS, RAPHAEL**
STREET ADDRESS **POST OFFICE BOX 10992**
CITY-ST-ZIP **NAPLES, FL 34101**

TITLE **D** ☐ Delete
NAME **ST. LOUIS, ANALIA**
STREET ADDRESS **POST OFFICE BOX 10992**
CITY-ST-ZIP **NAPLES, FL 34101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition
NAME **ST. LOUIS, RAPHAEL**
STREET ADDRESS **46 BENNINGTON DRIVE, APT. 3**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

TITLE **DST** ☒ Change ☐ Addition
NAME **ST. LOUIS, ANALIA**
STREET ADDRESS **46 BENNINGTON DRIVE, APT. 3**
CITY-ST-ZIP **NAPLES, FLORIDA 34104**

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:

Raphael St Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raphael St. Louis, President

01/24/06

Date

(239) 352-8263

Daytime Phone #