

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-27-2006 90041 012 ***150.00

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01182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3250625 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

ROMANSKI, PAMELA A
565 MONTEREY ST.
N. FT. MYERS, FL 33903

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 P ☐ Delete
NAME ROMANSKI, STEVEN A
STREET ADDRESS 565 MONTEREY ST.
CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE VT ☐ Delete
NAME ROMANSKI, PAMELA A
STREET ADDRESS 565 MONTEREY ST.
CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE S ☐ Delete
NAME ROMANSKI, ERIC B
STREET ADDRESS 125 NW 27TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33993

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 _____ ☐ 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 _____

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: Pamela Romanski Jan 20, 2006 239 995 0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #