

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90376 006 \*\*\*150.00

**60024321**



03022006 Chg-P CR2E034 (11/05)

4. FEI Number **20 336 8498** 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 **Joel A. LOBBESTAEI**  
Street Address (P.O. Box Number is Not Acceptable)  
**240 E. MARIANA AVE**  
City **N. Fort Myers** FL **33917**

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 *Joel A. Lobbestael* **X 3-28-06**  
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	PD	<input type="checkbox"/> Delete
NAME	LOBBESTAEI, JOEL A	
STREET ADDRESS	240 E. MARIANA AVE.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	LOBBESTAEI, TANA M	
STREET ADDRESS	240 E. MARIANA AVE.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONNER, RICHARD A	
STREET ADDRESS	240 E. MARIANA AVE.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joel A. Lobbestael* **X 3-28-06** **X 707-3270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #