

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 036 \*\*\*158.75

<b>DOCUMENT # P94000025131</b> 1. Entity Name <b>COURTNEY'S PLACE INC.</b>					
Principal Place of Business <b>720 WHITMARSH LANE KEY WEST, FL 33040</b>			Mailing Address <b>720 WHITMARSH LANE KEY WEST, FL 33040</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0495385</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KRUMEL, LINDA 720 WHITMARSH LANE KEY WEST, FL 33040</b>			Name <b>CHARLES B. KRUMEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>720 WHITMARSH LANE</b> City <b>KEY WEST FL</b> Zip Code <b>33040</b>		
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 <i>Charles B. Krumel</i> DATE <b>12 March, 06</b> <small>(Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRUMEL, CHARLES B</b>		NAME		
STREET ADDRESS	<b>720 WHITMARSH LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRUMEL, LINDA V</b>		NAME		
STREET ADDRESS	<b>720 WHITMARSH LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>		CITY - ST - ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COURTNEY B. KRUMEL</b>		NAME		
STREET ADDRESS	<b>720 WHITMARSH LN.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>KEY WEST, FL. 33040</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Charles B. Krumel</i>			Date <b>12 Mar. 06</b> Daytime Phone <b>305-294-3480</b>		