

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000040827**

1. Entity Name

LITTLE TOOT MARINE, INC.



Principal Place of Business

134 CAPRI BLVD.  
NAPLES FL 34113  
US

Mailing Address

134 CAPRI BLVD.  
NAPLES FL 34113  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

4. FEI Number 65-0494393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDWICK, DAVID P  
134 CAPRI BLVD.  
NAPLES FL 33962-  
34113

Name

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

City

FL

Zip Code

34113

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 \$550.00**  
**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LUDWICK, PATRICIA J  
STREET ADDRESS 134 CAPRI BLVD.  
CITY- ST- ZIP NAPLES FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
000000575125  
08/24/06-80001-014 550.00

TITLE ST  
NAME LUDWICK, DAVID P  
STREET ADDRESS 134 CAPRI BLVD.  
CITY- ST- ZIP NAPLES FL 34113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

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:** Patricia J. Ludwick, Pres. Patricia J. Ludwick, Pres. 07/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239  
961-  
3159