## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2006 08:00 AM Secretary of State

Daytena Phone #

1. Entity Nam	MENT # P940000568 SOUGH COMPANY	363			Secretary of State
Principal Plac 2496 PALM SANIBEL, FL	RIDGE RD	Mailing Address 1515 CENTER STREET SANIBEL, FL 33957			r renn elski makk sank skriv ener skies skies skies okkes okkes okkes okkes okkes okkes okkes okkes okkes okke
DO NOT WRITE IN THIS SPAC				02152006 4. FEI Numb 65-051	
COSTANZ 1515 CEN SANIBEL,	O, JOHN TRE ST FL 33957		DO NOT WRITE IN THIS SPACE		
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 their applicable (NDTE Repistered Agent signature required when reinstaing)  DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ded to Fees	
10.  IJTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS	P COSTANZO, JOHN 1515 CENTRE STREET SANIBEL, FL 33957	RECTORS			000000436213 04/22/06-80003-001 150.00 NOT WRITE THIS SPACE
CITY-ST-ZTP  ITTLE  MAME  STREET ADDRESS  CITY-ST-ZTP  ITTLE  MAME  STREET ADDRESS  CITY-ST-ZTP  12. I hereby indicated of the conchanged	certify that the information supplied with a conthis report or supplemental report is to poration or the receiver or trustee empore or on an attachment with an address.	nis filling does not qualify for the e rue and accurate his report as req yerd to execute this report as req th all other like empowered.	xemptions contained ature shall have the uired by Chapter 60	d in Chapter 11 same legat effe 7, Florida Statut	9. Florida Statutes. I further centify that the information of as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

SIGNATURE NO TYPED OR PRINTED NAME OF BIGHING OFFICER OR GIRECTOR

SIGNATURE: \_