

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 009 ***150.00

DOCUMENT # P94000070153

1. Entity Name

SANIBEL SOFTWARE, INC.



Principal Place of Business

6230 MASTER BLVD. A201
ORLANDO FL 32819

Mailing Address

6230 MASTER BLVD. A201
ORLANDO FL 32819

2. Principal Place of Business

c/o Thomas Louwers

3. Mailing Address

c/o Thomas Louwers

Suite, Apt. #, etc.

1619 Periwinkle Way #102

Suite, Apt. #, etc.

1619 Periwinkle #102

City & State

SANIBEL Island FL

City & State

SANIBEL Island FL

Zip

33957

Country

Zip

33957

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0524296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, EUGENE A
6230 MASTER BLVD. A201
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Thomas Louwers

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

1619 Periwinkle Way

Suite 102

City

SANIBEL Island

FL

Zip Code

33957

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 Eugene Johnson 2/10/2006

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JOHNSON, EUGENE A
STREET ADDRESS 6230 MASTERS BLVD, A201
CITY-ST-ZIP ORLANDO FL 32819

TITLE STD ☐ Delete
NAME JOHNSON, LINDA K
STREET ADDRESS 6230 MASTERS BLVD, A-201
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 35 STABLE GATE RD.
CITY-ST-ZIP HILTON HEAD, S.C. 29926

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 35 STABLE GATE RD.
CITY-ST-ZIP HILTON HEAD, S.C. 29926

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 Section 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: Eugene Johnson Eugene Johnson 2/10/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #