


2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90174 003 ***150.00

| | |
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| DOCUMENT # P95000036470 |  |
| 1. Entity Name ACRYLICS OF NAPLES, INC. | |

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| Principal Place of Business 2033 PINE RIDGE RD #4 NAPLES FL 24109 US | Mailing Address 2033 PINE RIDGE RD #4 NAPLES FL 34109 US |
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| 2. Principal Place of Business INTERNET Suite, Apt. #, etc. WWW.THELUCITESTORE.COM | 3. Mailing Address 5115 COBBLE CREEK CT Suite, Apt. #, etc. APT # 201 |
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1st MOORE CR2E034 (10/05)

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|----------------------------------|----------------------------------|
| City & State NAPLES FL | City & State NAPLES FL |
| Zip 34110 | Country COLLIER |

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|------------------------------------|--|
| 4. FEI Number 65-0588842 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BOCWINSKI, MARIA 2033 PINE RIDGE RD. UNIT 4 NAPLES FL 34109 |
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| 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 5115 COBBLE CREEK CT #201 City NAPLES FL Zip Code 34110 |
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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 \$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 NAME STREET ADDRESS CITY-ST-ZIP | D BOCWINSKI, MARIA 2033 PINE RIDGE RD. NAPLES FL 34109 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Maria BOCWINSKI* **4-17-06** **239-566-3537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #