## 2006 FOR PROFIT CORPORATION

## Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT 04-21-2006 90111 025 \*\*\*150.00 **DOCUMENT # P95000077930** 1. Entity Name ECKERT FINE ART - NAPLES, INC. 40056802 Principal Place of Business Mailing Address 390 12TH AVE SO 390 12TH AVENUE SOUTH NAPLES, FL 34102 US NAPLES, FL 34102 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0614762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ECKERT, HENRY DO NOT WRITE 390 12TH AVENUE SOUTH NAPLES, FL 34102 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **ECKERT, JANE** NAME STREET ADDRESS 390 12TH AVENUE SOUTH CITY-ST-ZIP NAPLES, FL 34102 ECKERT, HENRY NAME STREET ADDRESS 390 12TH AVENUE SOUTH CITY-ST-ZIP NAPLES, FL 34102 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**