
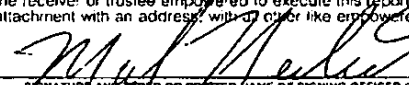


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90013 015 \*\*\*150.00

<b>DOCUMENT # P95000084213</b>					
1. Entity Name <b>CITY LITE DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>2992 DAY RD DELTONA FL 32738 US</b>			Mailing Address <b>3969 LAKE DRIVE PO BOX 772 GRANITE CITY IL 62040 US</b>		
2. Principal Place of Business			3. Mailing Address <b>PO BOX 181</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Breese, IL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>65-0648216</b>	
<b>62230</b>	<b>USA</b>	<b>62230</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLEMENTS, IVAN K ESO 632 N WOODLAND BLVD., STE 3 DELAND FL 32720</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when certifying) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b>  <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWKIRK, MARK 3969 LAKE DRIVE GRANITE CITY IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Newkirk, Mark 259 Greene Cemetery Road Pocahontas, IL 62275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWKIRK, MIKE 3969 LAKE DRIVE GRANITE CITY IL 62040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Newkirk, Mike 204 Cherry Hill Lane Farmington, MO 63640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMPE, REAGAN 3969 LAKE DRIVE GRANITE CITY IL 62040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Lampe, Reagan 1074 Vossclare Lane Breese, IL 62230	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWKIRK, KENT 3969 LAKE DRIVE GRANITE CITY IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newkirk, Kent 491 Jefferson St. Carlyle, IL 62231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 or without like empowered.					
SIGNATURE: 			2-13-06 618 407-1941		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Day(s) Phone: _____		



ATTACHMENT  
50001836

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

CITY LITE DEVELOPMENT CORPORATION  
P.O. BOX 181  
BREESE, IL 62230 US

Subject: CITY LITE DEVELOPMENT CORPORATION

Reference Number: P95000084213

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION