

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 020 ***150.00

DOCUMENT # P96000066606

1. Entity Name

FLORIDA GULF REALTY GROUP, INC.



Principal Place of Business

8695 COLLEGE PKWY
#318
FORT MYERS FL 33919
US

Mailing Address

8695 COLLEGE PKWY
#318
FORT MYERS FL 33919
US



2. Principal Place of Business

3. Mailing Address

8695 College Pkwy

8695 College Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

112

City & State

City & State

FT. MYERS FL

FT. MYERS FL

Zip

Country

Zip

Country

33919

US

33919

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0687783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUCHARD, LEAN R
8695 COLLEGE PKWY
318
FORT MYERS FL 33919

Name

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

City

FL

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

Leah Bouchard - President

3/28/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
BOUCHARD, LEAH
9914 CALICO COURT
ESTERO FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Leah Bouchard
LEAH BOUCHARD - PRESIDENT

3/28/06

239-
433-1772

Date

Daytime Phone #