2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000088036

1. Entity Name
AMERICAN REALTY OF CAPTIVA, INC.

Principal Place of Business	Mailing Address
11526 ANDY ROSE LN CAPTIVA, FL 33924 US	P.O. BOX 1133 CAPTIVA ISLAND, FL 33924

DO NOT WRITE IN THIS SPACE

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1996542
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ELAINE
11411 DICKEY LANE #7
CAPTIVA ISLAND, FL 33924

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000452483
03/11/06-80028-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, PATRICIA L
STREET ADDRESS	1721 N ADAMS ST
CITY-ST-ZIP	ARLINGTON, VA
TITLE	D
NAME	DAVID & AGNES DAVIS
STREET ADDRESS	1608 N BRYAN ST
CITY-ST-ZIP	ARLINGTON, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Patricia L Newman PATRICIA L. NEWMAN 2/26/06 239-395-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #