


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000088036 1. Entity Name AMERICAN REALTY OF CAPTIVA, INC. |  |
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| Principal Place of Business 11526 ANDY ROSE LN CAPTIVA, FL 33924 US | Mailing Address P.O. BOX 1133 CAPTIVA ISLAND, FL 33924 |
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DO NOT WRITE IN THIS SPACE



03242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 52-1996542 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000633976 04/16/07-80061-012 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NEWMAN, PATRICIA L 1721 N ADAMS ST ARLINGTON, VA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID & AGNES DAVIS 1608 N BRYAN ST ARLINGTON, VA |
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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 **4-3-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #