

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90036 037 \*\*\*558.75

**DOCUMENT # P97000000025**

1. Entity Name

**SANIBEL SERVICENTERS, INC.**



Principal Place of Business

1015 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address

3038 SHELBOURNE ROAD  
SHELBOURNE VT 05482



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0731892**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

**GUINN, GEORGE**  
**1523 BLOXHAM AVE.**  
**PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent

Name

**LOWELL T. SPILLANE**

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

**592 LIGHTHOUSE WAY**

City

**SANIBEL**

**FL**

Zip Code

**33957**

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

*Lowell T. Spillane*

**8-17-06**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PT  
SPILLANE, LOWELL T  
592 LIGHTHOUSE WAY  
SANIBEL FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPS  
SPILLANE, SUSAN G  
592 LIGHTHOUSE WAY  
SANIBEL FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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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 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:**

*Susan G. Spillane*

**SUSAN G. SPILLANE**

**8-17-06 (802) 985-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #