2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 08:00 AM Secretary of State

' ANNUAL REPORT				Secretary of State		
DOCUMENT # P9700006563					Secretary o	State
1. Entity Name THE LYKOS GROUP, INC.						
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Principal Plac		Mailing Address		1		
1989-B Tra Naples, Fl	DE CENTER WAY 34109	1989-B TRADE CENTER WAY NAPLES, FL 34109		}		
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				01052006 N	o Chg-P CR2E034 (11/053
	O NOT WRITE	IN THIS SPA	CE	4. FEi Number		Applied For
				59-342753	7	Not Applicat
				5. Certificate of Sta		75 Additional Required
	5. Name and Address of Current	Registered Agent	1	<i>t</i>	-	
QUINN, JE	FFREY C			DO NO	OT WRITE	-
307 AIRPORT ROAD NORTH NAPLES, FL 34104						
WALLES,	L 54104			IN TH	IS SPACE	
	named entity submits this statement fo ons of registered agent.	the purpose of changing its register	red office or register	ed agent, or both, in t	he State of Florida. I am famil	iar with, and accer
SIGNATURE	Signature, typed or printed name of registered agent a	not this if applicable (NOTE: Registers	ed Agent signature required	when reinstating)	DATE	
FILE NOWIII FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be		
10.		-	. 🗀 🖽	ed to Fees		
⊢ ```	OFFICERS AND		Acc	ed to Fees		
TITLE	P		- And	ed to Fees		
				ed to Fees		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P LYKOS, THOMAS X			ed to Fees		
TITLE RAME STREET ADDRESS GITY-ST-ZIP TITLE	P LYKOS, THOMAS X 8135 WILSHORE LAKES BLVD.			ed to Fees	U00000450000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LYKOS, THOMAS X 8135 WILSHORE LAKES BLVD.			<u>``_</u> }	.U00000420828 2/16/06-80012-01	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYKOS, THOMAS X 8135 WILSHORE LAKES BLVD.			<u>``_</u> }	U00000420828 2/16/06-80012-01	3 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LYKOS, THOMAS X 8135 WILSHORE LAKES BLVD.			DO N	OT WRITE	3 150.00

12. Thereby 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 reserver 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: S

STREET AODRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF JOHING OFFICER OR DIRECTOR

13/06

Daytime Phone #