


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014982	
1. Entity Name CAPE CORAL MARKETING CORPORATION	

Principal Place of Business 1217 CAPE CORAL PARKWAY STE 220 CAPE CORAL, FL 33904	Mailing Address 1217 CAPE CORAL PARKWAY STE 220 CAPE CORAL, FL 33904
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04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744817	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 NELSON, PHYLLIS 1217 CAPE CORAL PARKWAY STE 220 CAPE CORAL, FL 33904
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UNDONN1507075 04/27/06-80048-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S NELSON, PHYLLIS 1217 CAPE CORAL PARKWAY STE 220 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCLOUGHLIN, JAMES A 2927 SW 407 ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SMITH, ROBERT W 5604 SW 5TH AVE CAPE CORAL, FL 33914
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: Phyllis Nelson Sec. Date: April 10, 06 Daytime Phone #: 239-540-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS NELSON