## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE!

changed, or on an attachment with an address, with all other like empowered

## Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P97000035757 1. Entity Name ELISABETH A. LUTE, INC. Principal Place of Business Mailing Address 128 NE 23RD AVE **128 NE 23RD AVE** CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0745958 Not Applicat: \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUTE, ELISABETH A DO NOT WRITE 128 NE 23RD AVE CAPE CORAL, FL 33909 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 segrethe obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) TILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE LUTE, ELISABETH A MAME STREET ADDRESS 128 NE 23RD AVE CAPE CORAL, FL 33909 CITY-ST-ZIP TITLE NAME U00000523505 05/03/06-80077-004 150.00 STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ABORESS CITY-ST-ZIP me NAME STREET ADDRESS

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

**FILED**