

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90074 017 ***150.00

DOCUMENT # P97000037619

1. Entity Name
CASH COUPONBOOK, INC.



Principal Place of Business
**6710 WINKLER RD
STE 5
FORT MYERS, FL 33919**

Mailing Address
**6710 WINKLER RD
STE 5
FORT MYERS, FL 33919**

40030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0749113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARLOWE, JACK
242 SW 34TH STREET
CAPE CORAL, FL 33914**

Name
RONALD MCQUINN
Street Address (P.O. Box Number is Not Acceptable)
7980 DENI DRIVE

City
NORTH FORT MYERS FL Zip Code
33917

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

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

RONALD MCQUINN

(NOTE: Registered Agent signature required when reinstating)

4/7/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARLOWE, JACK
242 SW 34TH STREET
CAPE CORAL, FL 33914** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MCQUINN, RONALD
7980 DENI DRIVE
NORTH FORT MYERS, FL 33917** ☐ Delete

TITLE
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P/D ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD MCQUINN

4/7/06

DATE

(239) 275-5225

Daytime Phone #