

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90024 013 \*\*\*550.00

**DOCUMENT # P97000048272**

1. Entity Name  
**CYGNUSARTS, INC.**



Principal Place of Business

**4888 DAVIS BLVD  
#660  
NAPLES, FL 34104 US**

Mailing Address

**4888 DAVIS BLVD.  
SUITE 660  
NAPLES, FL 34104 US**

2. Principal Place of Business

**2860 Coco Lakes Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**2860 Coco Lakes Drive**  
Suite, Apt. #, etc.

07062006

Chg-P

CR2E034 (11/05)



City & State

**Naples FL**

City & State

**Naples FL**

4. FEI Number

**59-3451069**

Applied For

Not Applicable

Zip

**34105**

Country

**USA**

Zip

**34105**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, DAVID L  
28000 SPANISH WELLS BLVD., STE. 220  
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PFLUEGER, ERIK J**  
STREET ADDRESS **4888 DAVIS BLVD #660**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete  
NAME **PFLUEGER, JOHN W**  
STREET ADDRESS **4888 DAVIS BLVD #660**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete  
NAME **PFLUEGER, GERALDINE S**  
STREET ADDRESS **4888 DAVIS BLVD #660**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2860 Coco Lakes Drive**  
CITY-ST-ZIP **Naples FL 34105**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2860 Coco Lakes Drive**  
CITY-ST-ZIP **Naples FL 34105**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2860 Coco Lakes Drive**  
CITY-ST-ZIP **Naples FL 34105**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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:**

**Geraldine S. Pflueger**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-6-06 239-263-7111**  
Date Daytime Phone #