

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000108225 1. Entity Name VERSAILLES PROPERTIES, INC.					
Principal Place of Business 6212 PRINCIPIA DR UNIT B FORT MYERS FL 33919			Mailing Address 6212 PRINCIPIA DR UNIT B FORT MYERS FL 33919		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0812086	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLEMAN, CARL J 2201 SECOND ST. 5TH FLR. FT. MYERS FL 33901				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 _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HARDY, ELLEN 6212 PRINCIPIA DRIVE, UNIT B FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000500619 04/25/06-80029-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HARDY, JOHN 6212 PRINCIPIA DRIVE, UNIT B FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PERRY, ROBERT J 6212 PRINCIPIA DRIVE FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ellen Hardy (HELEN HARDY) April 6/06 (239) 267-3711