

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90004 016 \*\*\*150.00

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 - No P.O. Box #

6214 PRINCIPIA DR.

Suite, Apt. #, etc.

UNIT D

3. Mailing Address

6214 PRINCIPIA DR.

Suite, Apt. #, etc.

UNIT D

1st MOORE

CR2E034 (10/06)

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

4. FEI Number

65-0812086

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HARDY, ELLEN  
STREET ADDRESS 6212 PRINCIPIA DRIVE, UNIT B  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE D  
NAME HARDY, JOHN  
STREET ADDRESS 6212 PRINCIPIA DRIVE, UNIT B  
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE D  
NAME PERRY, ROBERT J  
STREET ADDRESS 6212 PRINCIPIA DRIVE  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 6214 PRINCIPIA DRIVE, UNIT D  
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Change ☐ Addition

TITLE DIRECTOR  
NAME JOHN G WATSON  
STREET ADDRESS 6214 PRINCIPIA DRIVE, UNIT D  
CITY-ST-ZIP FORT MYERS, FL 33919 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS 6214 PRINCIPIA DRIVE, UNIT D  
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Change ☐ Addition

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

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

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

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:

Signature and typed or printed name of signing officer or director  
Helene Hardy (HELENE HARDY) March 1st 2007 (239) 267-3711

Date

Daytime Phone #