

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90264 016 \*\*\*150.00

<b>DOCUMENT # P98000037794</b>					
<b>1. Entity Name</b> JOHANNE M. COUTURE, P.A.					
<b>Principal Place of Business</b> 1445 TIFFANY LANE APT. 206 NAPLES, FL 34105 US			<b>Mailing Address</b> 1445 TIFFANY LANE APT. 206 NAPLES, FL 34105 US		
<b>2. Principal Place of Business</b> 4000 Gulfshore Blvd No. #1200 Suite/Apt./# etc. #1200 City & State Naples FL Zip 34103 Country US		<b>3. Mailing Address</b> 4000 Gulfshore Blvd No. #1200 Suite/Apt./# etc. #1200 City & State Naples FL Zip 34103 Country US			
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				01122006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> COUTURE, JOHANNE M 1445 TIFFANY LANE APT 206 NAPLES, FL 34105			<b>7. Name and Address of New Registered Agent</b> Name Couture Johanne M Street Address (P.O. Box Number is Not Acceptable) 4000 Gulfshore Blvd No. #1200 City Naples FL Zip Code 34103		
<b>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.</b> SIGNATURE <i>Johanne M. Couture, P.A. (same agent)</i> DATE 1/12/06 <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME COUTURE, JOHANNE M STREET ADDRESS 1445 TIFFANY LANE, APT 206 CITY-ST-ZIP NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE Couture Johanne M NAME STREET ADDRESS 4000 Gulfshore Blvd No. #1200 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Johanne M. Couture P.A.</i>			Date 1/12/06 Daytime Phone # 239-370-6000		