

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 049 ***150.00

DOCUMENT # P98000057504

1. Entity Name
TOYS AHOY OF SANIBEL, INC.



Principal Place of Business
2075 PERIWINKLE WAY #28
SANIBEL, FL 33957

Mailing Address
2075 PERIWINKLE WAY #28
SANIBEL, FL 33957

50013326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0854387

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

DAVIES, LAUREN
1597 SAND CASTLE RD.
SANIBEL, FL 33957

Name
MARIE STEVENS
Street Address (P.O. Box Number is Not Acceptable)
16181 DUBLIN CR. D-203
City
FT. MYERS FL Zip Code
33908

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 MARIE STEVENS *Marie Stevens* 4-15-06
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, 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 PD
STEVENS, MARIE ☐ Delete
STREET ADDRESS
16181 DUBLIN CR. D-203
CITY-ST-ZIP
FT. MYERS, FL 33908

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

TITLE
NAME STD
MORELLI, ANNA ☐ Delete
STREET ADDRESS
14891 HOLE-IN-ONE #307
CITY-ST-ZIP
FT. MYERS, FL 33919

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

TITLE
NAME ☐ Delete
STREET ADDRESS

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

TITLE
NAME ☐ Delete
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: MARIE STEVENS *Marie Stevens* 4-15-06 239 466-4292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #