

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

Dep. of STATE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0881407

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WASHBURN, JOSEPH S
922 N.W. 7TH AVE
CAPE CORAL, FL 33993

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WASHBURN, JOSEPH S PRES. 922 N.W. 7TH AVE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASHBURN, DIANE M VP 922 N.W. 7TH AVE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ WASHBURN, PETER J SEC/TRE 922 N.W. 7TH AVE CAPE CORAL, FL 33993
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02/27/06-80009-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 *(Signature)* **DIANE WASHBURN** 2/13/06 239-458-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #