

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90034 027 \*\*\*150.00

**DOCUMENT # P99000020850**

1. Entity Name

PERIWINKLES, INC.



Principal Place of Business

1089 N COLLIER BLVD  
411  
MARCO ISLAND FL 34145

Mailing Address

1089 N COLLIER BLVD  
411  
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3637809

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

THOMAS, DAVE C  
850 BANYAN CT.  
MARCO ISLAND FL 34145

Name

DAVE C. THOMAS

Street Address (P.O. Box Number is Not Acceptable)

149 SOUTH SEAS COURT

City

MARCO ISLAND

FL

Zip Code

34145

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/06

**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 Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, DAVE C	
STREET ADDRESS	850 BANYAN CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMAS, MELISSA R	
STREET ADDRESS	850 BANYAN CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE C. THOMAS	
STREET ADDRESS	149 SOUTH SEAS CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA THOMAS	
STREET ADDRESS	149 SOUTH SEAS CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

DAVE C. THOMAS

02/05/06 239-642-2334

Date

Daytime Phone #