


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90086 004 ***158.75

DOCUMENT # P99000053845

1. Entity Name
FOP 66, INC.



Principal Place of Business Mailing Address
23200 HARPER AVENUE **23300 HARPER AVENUE**
PORT CHARLOTTE FL 33980 **PORT CHARLOTTE FL 33980**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

VOGEL, ROBERT
23300 HARPER AVENUE
PORT CHARLOTTE FL 33980

4. FEI Number Applied For
65-0924703 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	LENNARTZ, GEORGE	
STREET ADDRESS	11644 SW EGRET CIR, #408	
CITY-ST-ZIP	LAKE SUZY FL 34266	
TITLE	DOV	<input type="checkbox"/> Delete
NAME	BASKETFIELD, WILLIAM	
STREET ADDRESS	11330 SW ESSEX DRIVE	
CITY-ST-ZIP	LAKE SUZY FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, ALTON	
STREET ADDRESS	24000 RAMPART BLVD 113	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWN, THOMAS	
STREET ADDRESS	4157 DRIVER LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	DOP	<input type="checkbox"/> Delete
NAME	VOGEL, ROBERT	
STREET ADDRESS	5101 ALMAR DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	ST OFFICER	<input type="checkbox"/> Delete
NAME	IMHOF, MARGARET	
STREET ADDRESS	644 BLUE LANE NW	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keri Deltart	
STREET ADDRESS	25219 Harborview Rd.	
CITY-ST-ZIP	Charlotte, Harbor FL 33980	
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 exemption stated in Section 119.07(3)(i), 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: *Margaret M. G. Imhof* **4-19-04** **941-743-6666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #