
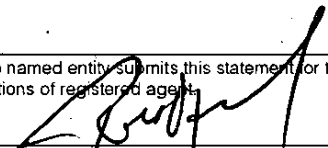


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 012 ***150.00

DOCUMENT # P99000053845					
1. Entity Name FOP 66, INC.					
Principal Place of Business 23200 HARPER AVENUE PORT CHARLOTTE FL 33980			Mailing Address 23300 HARPER AVENUE 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	4. FEI Number 65-0924703	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOGEL, ROBERT 23300 HARPER AVENUE PORT CHARLOTTE FL 33980				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  Signature, typed or printed name of registered agent and title if applicable				Robert Vogel President 4-15-05 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 type="checkbox"/> Delete			
NAME	DEHART, KERI				
STREET ADDRESS	25219 HARBORVIEW RD				
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980				
TITLE	D	<input checked="" 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	<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		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Sansbury, John				
STREET ADDRESS	3057 Newburgh St.				
CITY-ST-ZIP	Port Charlotte, FL. 33958				
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. Imhof
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-15-05 941-743-6616
Date Daytime Phone #