

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 003 ***158.75

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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

4. FEI Number

65-0924703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VOGEL, ROBERT~~ IMHOF, MARGARET
23300 HARPER AVENUE
PORT CHARLOTTE FL 33980

Name

IMHOF, MARGARET

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

23300 HARPER AVENUE

City

PORT CHARLOTTE

FL

Zip Code

33980

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

Margaret H.G. Imhof

MARGARET H.G. IMHOF

CORPORATE SECRETARY & TREASURER

2/8/06

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☒ Delete
NAME LENNARTZ, GEORGE
STREET ADDRESS 11644 SW EGRET CIR, #408
CITY-ST-ZIP LAKE SUZY FL 34266

TITLE D-ORCUTT, JOHN ☒ Change ☐ Addition
NAME 12668 BACHUS RD.
STREET ADDRESS PORT CHARLOTTE, FL. 33981
CITY-ST-ZIP

TITLE DOV ☒ Delete
NAME BASKETFIELD, WILLIAM
STREET ADDRESS 11330 SW ESSEX DRIVE
CITY-ST-ZIP LAKE SUZY FL 34266

TITLE D-LOUIS HENYELZ ☒ Change ☐ Addition
NAME 16425 MAUREEN AVENUE
STREET ADDRESS PORT CHARLOTTE, FL. 33948
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DEHART, KERI
STREET ADDRESS 25219 HARBORVIEW RD
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE D-ROBBINS, ROBERT ☒ Change ☐ Addition
NAME 2124 MIDNIGHT STREET
STREET ADDRESS PORT CHARLOTTE, FL. 33948
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANSBURY, JOHN
STREET ADDRESS 3057 NEWBURGH ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DOV ☒ Change ☐ Addition
NAME SANSBURY, JOHN
STREET ADDRESS 3057 NEWBURGH ST.
CITY-ST-ZIP PORT CHARLOTTE, FL. 33952

TITLE DOP ☒ Delete
NAME VOGEL, ROBERT
STREET ADDRESS 5101 ALMAR DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE DOP ☒ Change ☐ Addition
NAME GANGE, GEORGE
STREET ADDRESS 3310 LOVELAND BLVD #703
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE ST ☐ Delete
NAME IMHOF, MARGARET
STREET ADDRESS 644 BLUE LANE NW
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

2/8/06

941-743-6616