## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90084 050 \*\*\*150.00

1. Entity Nam	MENT # P9900005 PERTIES, INC.	8479				-			
Principal Place of Business Mailing Address				`					
14565 EAGLE RIDGE DR. S.E. FORT MYERS, FL 33912		14565 EAGLE RIDGE DR. S.E. FORT MYERS, FL 33912			. •				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01252006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State	City & State		4. FEI Numb 65-093			·	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Currer	t Registered Agent	<u> </u>		7. Name and	d Address of New	Registered A	gent	
				16					
SCHECHT 3426 W. KI TAMPA, FI	ENNEDY BLVD.		Street Addres			per is Not Acceptab	ote)		
			City				FL	Zip Code	<del>)</del>
8. The above	named entity submits this statement	for the purpose of changing its	registered offic	a or register	ed agent or be	oth in the State of E		amiliar with	and accept
the obligati	ons of registered agent.	ion the berbose or cheriding its	naĝistorad dilic	a oi iadiarai	en agent, or or	Jui, in the State of F	Toriga. Tariff	giriniai Willi,	and accept
SIGNATURE Signature, typed on 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AN	D DIRECTORS	11.	•	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE	PD .	☐ Defete	TITLE					☐ Change	Addition
NAME	MOSHER, ROBERT M		NAME						
STREET ADDRESS CITY-ST-ZIP	14770 SOARING EAGLE COU	स	STREET ADORE	SS					
	FT.MYERS; FL 33912		CITY-ST-ZIP		<del></del>				
TITLE NAME	TD GARCZYNSKI; STANLEY J	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	14565 EAGLE RIDGE DR.		STREET ADORE	225					
CITY-ST-ZIP	FT.MYERS, FL 33912		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE	<u> </u>				Change	Addition
NAME	MORLEY, JOHN		NAME	1					_
STREET ADDRESS	9 DANFORTH DR.		STREET ADDRE	:ss					
CITY-ST-ZIP	BEDFORD, NH 03110		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME Street adore						
CITY-ST-ZIP			CITY-ST-ZIP	.33					
TITLE		☐ Delete	TITLE			<del></del>		Change	☐ Addition
NAME		L Delete	NAME					Caloundo	
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP		*	CITY-ST-ZIP		• , ,				
TITLE		☐ Delete	TITLE:					☐ Change	Addition
NAME			NAME	-	·				
STREET AODRESS CITY+ST-ZIP			STREET ADDRE	iss					
	postilu shot the informatic = = -==""	ith this filing does set			tio Chanter 11	O Florida Ctatus	1 (	if the the	Marmatia -
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 trastee 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: 4/11/04									