2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000094942

1. Entity Name
THREE SQUARE GUYS, INC.

Principal Place of Business	Mailing Address
1021 ESTERO BLVD FT MYERS BEACH, FL 33931	1021 ESTERO BLVD FT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0962834
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RULAND, NICHOLAS
938 PRESCOTT STREET
FT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Required) (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RULAND, NICHOLAS
STREET ADDRESS	938 PRESCOTT ST.
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	VP
NAME	SAWYER, MICHAEL
STREET ADDRESS	6339 ST ANDREWS CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	T
NAME	SHIELDS, JOHN
STREET ADDRESS	1105 NW 165TH
CITY-ST-ZIP	CITRA, FL 32113
TITLE	DO
NAME	BUSTIN, WILLIAM
STREET ADDRESS	1021 SOUTHDALE RD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504059
04/26/06-80056-016 150.0

DO NOT WRITE IN THIS SPACE

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 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: _____ 4/7/06 239-765-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — DAYTIME PHONE #