

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000104063	
1. Entity Name FAIRY GODMOTHERS, INC.	

Principal Place of Business 2854 COASTAL HWY ST. AUGUSTINE, FL 32095	Mailing Address PO BOX 1855 MELROSE, FL 32666 US
--	--



02192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620562	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARNEY, RENA 2854 COASTAL HWY 8 ST. AUGUSTINE, FL 32095

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SUE 2854 COASTAL HWY ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUILLACE, MARIE 2854 COASTAL HWY ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, RENA 2854 COASTAL HWY ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANEMAN, ELIZABETH 2854 COASTAL HWY ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

111000044 3835
03/06/06 20030-005 150.00

**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: Rena Carney Rena Carney, President 2-19-06 850 4130440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #