


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P99000108719 |  |
| 1. Entity Name BEVERLY R. STOLKI, INC. | |

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|---|---|
| Principal Place of Business 6986 KIMBERLY TERRACE FORT MYERS FL 33919 | Mailing Address 6986 KIMBERLY TERRACE FORT MYERS FL 33919 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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|---|--|
| 6. Name and Address of Current Registered Agent STOLKI, BEVERLY R 6986 KIMBERLY TERRACE FORT MYERS FL 33907 | |
|---|--|

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|---|---------------------------------------|
| 1st MOORE | CR2E034 (10/05) |
| 4. FEI Number 65-0969562 | Applied For Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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.

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|-----------|---|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reappointing) | DATE |
|-----------|---|------|

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| 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. <input type="checkbox"/> \$5.00 May Added to Fee |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STOLKI, BEVERLY R 6986 KIMBERLY TERRACE FORT MYERS FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U00000469409 03/25/06-80028-007 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS STOLKI, KENNETH A 6986 KIMBERLY TERRACE FORT MYERS FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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: Beverly R Stolki 3/13/06 239-768-962