2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 08:00 AM DOCUMENT # P99000108719 **Secretary of State** t. Entity Name BEVERLY R. STOLKI, INC. Principal Place of Business Mailing Address 6986 KIMBERLY TERRACE 6986 KIMBERLY TERRACE FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0969562 Not Applied Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOLKI, BEVERLY R Street Address (P.O. Box Number is Not Acceptable) 6986 KIMBERLY TERRACE FORT MYERS FL 33907 City Zip Code 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 accthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent argnature required when reinstating) DAIE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 71. IITIS ☐ Defete TALE ☐ Change ☐ A NAME STOLKI, BEVERLY R NAM UU00000469409 STREET ADDRESS 6986 KIMBERLY TERRACE STREET ADDRESS 03/25/06-80028-007 150.08 CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ / ' MAME STOLKI, KENNETH A MAME STREET ADDRESS 6986 KIMBERLY TERRACE STREET ADDRESS CHY-ST-ZW FORT MYERS FL 33919 CITY-ST-ZIP THLE Delete TITLE ☐ Change ☐ Nik NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP City - St - ZIF THILE ☐ Detete WILE ☐ Change ☐ Art NAME MAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CHTY - ST - ZIP TITLE Delete TITLE Change ☐ Aá NAME NAME STRECT ADDRESS STREET ACCORESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete RELE E3M Channe MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CRY-ST-ZIP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or directly 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 that changed, or on an attribution with an address, with all other like empowered. (Staller SIGNATURE:

113/06

239-768-962

FILED