

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 008 ***150.00

DOCUMENT # S60032

1. Entity Name
CALOOSA PROPERTY SALES, INC.



Principal Place of Business Mailing Address

8200 HEALTH CENTER BLVD STE 101 **8200 HEALTH CENTER BLVD STE 101**
BONITA SPRINGS, FL 34135 US **BONITA SPRINGS, FL 34135 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0267166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WINER, STEVEN I.~~
~~12800 UNIVERSITY DR.~~
~~SUITE 600 UNIVERSITY PARK~~
~~FORT MYERS, FL 33907~~

Kerri Jenkins
6566 Daniel Ct.
Ft. Myers, FL 33908

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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: *Kerri Jenkins* DATE: *1/26/06*

Signature, typed or 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKINS, KERRI A. 6566 DANIEL CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* DATE: *1/26/06* DAYTIME PHONE #: *239 949-0005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #