


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90390 001 ****50.00
 04-27-2006 90390 002 ****50.00
 04-27-2006 90390 003 ****50.00

DOCUMENT # 588294

1. Entity Name
 FALLS COMPANY OF LONGBOAT KEY, INC.



Principal Place of Business
 PO BOX 1370
 ANNA MARIA, FL 34216


Mailing Address
 PO BOX 1370
 ANNA MARIA, FL 34216

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



01312006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-1848214 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FALLS, ARTHUR J.
 3303 RINGWOOD MEADOW
 SARASOTA, FL 34235

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 accept the obligations of registered agent.

SIGNATURE _____ (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 | CD | <input type="checkbox"/> Delete |
| NAME | FALLS, ARTHUR J. | |
| STREET ADDRESS | 3303 RINGWOOD MEADOW | |
| CITY-ST-ZIP | SARASOTA, FL 34235 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FALLS, JOSEPH S | |
| STREET ADDRESS | 8404 MARINA DR. | |
| CITY-ST-ZIP | HOLMES BCH, FL 34217 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | FALLS, BETSY A | |
| STREET ADDRESS | 986 CASA SOLANA | |
| CITY-ST-ZIP | WHEATON, IL 60187 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1404 63rd St NW | |
| CITY-ST-ZIP | Bradenton FL 34209 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3303 Ringwood Meadow | |
| CITY-ST-ZIP | Sarasota, FL 34235 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(941) 779-2492**