

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT #168174

1. Entity Name
NAPLES MILLWORK & FIXTURE CO., INC.



Principal Place of Business

Mailing Address

959 FIRST AVENUE SOUTH
NAPLES, FL 34102-6285

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NAPLES, FL 34102-6285



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0667832
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, DAVID
2140 HAWKS RIDGE DR., 1701
NAPLES, FL 34105-8528

**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

David Frank *David Frank* 2/7/08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000822450
02/19/08-80066-018 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WE, FRANK J
STREET ADDRESS 2950 COACH HOUSE LN
CITY-ST-ZIP NAPLES, FL 34105

TITLE ST
NAME FRANK, DAVID
STREET ADDRESS 2140 HAWKS RIDGE DR., 1701
CITY-ST-ZIP NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-262-4314