

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90216 046 ***150.00

DOCUMENT # F99030 1. Entity Name NAPLES PRINTING, INC.					
Principal Place of Business 3930 DOMESTIC AVE NAPLES, FL 34104 US			Mailing Address 3930 DOMESTIC AVE NAPLES, FL 34104 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 59-2219623	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COUTURE, THOMAS W 582 HICKORY RD NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's 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 _____ Signature of entity or authorized registered agent or its representative (FCI Numbered Agent's signature required when applicable)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P COUTURE, MICHAEL J 5629 12TH AVENUE, SW NAPLES, FL 34116 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SV COUTURE, THOMAS W 582 HICKORY RD NAPLES, FL 34108 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other like empowered.					
SIGNATURE: X			4/25/05 (239) 643 2442		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					