

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2006  
Secretary of State**

DOCUMENT# N93000002617

Entity Name: SOUTHERN EXPOSURE OF NAPLES, INC.

**Current Principal Place of Business:**

P. O. BOX 990192  
NAPLES, FL 34116 US

**New Principal Place of Business:**

12695 CANOPY LANE SW  
MOORE HAVEN, FL 33471 US

**Current Mailing Address:**

P. O. BOX 990192  
NAPLES, FL 34116 US

**New Mailing Address:**

12695 CANOPY LANE SW  
MOORE HAVEN, FL 33471 US

FEI Number: 65-0417098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART & STORTER ATTORNEYS AT LAW  
2121 COUNTY ROAD 951  
SUITE 101  
GOLDEN GATE, FL 34116 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEISER, JAMES K  
Address: P.O. BOX 990023 N/A  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: MACDONALD, ROBERT H  
Address: 4555 26TH PLACE  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: MORGAN, KAREN  
Address: 128 DRIFTWOOD LN  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K KEISER

PD

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date