2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90065 039 ***150.00

DOCUMENT # P04000058408

1. Entity Name
C. G. INVESTMENTS OF NAPLES, INC.

Principal Place of Business	Mailing Address
7064 TIMBERLAND CIRCLE NAPLES, FL 34109	7064 TIMBERLAND CIRCLE NAPLES, FL 34109

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2277 Trade Center Way	2277 Trade Center Way
Suite, Apt. #, etc. Ste. 201	Suite, Apt. #, etc. Ste. 201
City & State Naples FL	City & State Naples FL
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 20-0949107 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMB, JEFFREY R 868 106TH AVENUE NORTH NAPLES, FL 34108	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 ____________________
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, 2005 Fee will be $550.00

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	DPS GALT, CHRISTIAN 6803 OLD BANYAN WAY NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CAMPBELL, NATALIE 7064 TIMBERLAND CIRCLE NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Campbell, Natalie 7078 Sugar Magnolia CR Naples, FL 34109	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. L. Galt 1/25/05 239-254-0127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #