2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# P04000058408

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

Current Principal Place of Business:

2277 TRADE CENTER WAY
SUITE 201
NAPLES, FL 34109

New Principal Place of Business:

7955 AIRPORT PULLING RD., N.
SUITE 203
NAPLES, FL 34109

Current Mailing Address:

2277 TRADE CENTER WAY
SUITE 201
NAPLES, FL 34109

New Mailing Address:

7955 AIRPORT PULLING RD., N.
SUITE 203
NAPLES, FL 34109

FEI Number: 20-0949107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
868 106TH AVENUE NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

GALT, CHRISTIAN R
7955 AIRPORT PULLING RD., N.
SUITE 203
NAPLES, FL 34109 US

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: CHRISTIAN R. GALT 07/20/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GALT, CHRISTIAN
Address: 3303 TWILIGHT LANE UNIT 5102
City-St-Zip: NAPLES, FL 34109

Title: DVPT ( ) Delete
Name: CAMPBELL, NATALIE
Address: 7078 SUGAR MAGNOLIA CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN R. GALT DPS 07/20/2009
Electronic Signature of Signing Officer or Director Date