


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90022 038 \*\*\*150.00

DOCUMENT # P07000030183

1. Entity Name  
 NAPLES CAPITAL ADVISORS, INC.



Principal Place of Business      Mailing Address

400 4TH AVENUE NORTH      400 4TH AVENUE NORTH  
 NAPLES, FL 34102      NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #  
 599 9th Street North

3. Mailing Address  
 599 9th Street North

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 100      Suite 100

City & State      City & State  
 Naples, Florida      Naples, Florida

Zip      Country      Zip      Country  
 34102      USA      34102      USA



01142008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 51-0626298      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MICHAEL H  
 400 4TH AVENUE NORTH  
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 599 9th Street North, Suite 100

City      State      Zip Code  
 Naples      FL      34102

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:       DATE: 1/15/08

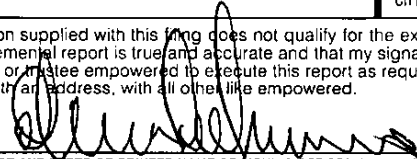
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MICHAEL H	NAME	
STREET ADDRESS	400 4TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDETH, JOHN M JR	NAME	
STREET ADDRESS	7818 MONTEREY BAY DRIVE	STREET ADDRESS	8142 Las Palmas Way
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Naples, Florida 34109
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE:       DATE: 1/15/08      DAYTIME PHONE #: 239-963-2590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR