

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030183

FILED
Jan 15, 2010
Secretary of State

Entity Name: NAPLES CAPITAL ADVISORS, INC.

Current Principal Place of Business:

599 9TH STREET NORTH
SUITE 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

599 9TH STREET NORTH
SUITE 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 51-0626298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL H
599 9TH STREET
SUITE 100
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE
Name: MORRIS, MICHAEL H
Address: 599 9TH STREET NORTH, SUITE 100
City-St-Zip: NAPLES, FL 34102

Title: D
Name: LONGE, THOMAS J
Address: 599 9TH STREET NORTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

Title: D
Name: CARRIGAN, MICHAEL D
Address: 6435 NAPLES BLVD
City-St-Zip: NAPLES, FL 34109

Title: ABD
Name: FAHEY, THOMAS E
Address: 545 VIA VENETO #202
City-St-Zip: NAPLES, FL 34108

Title: ABD
Name: GOLDMAN, ROBERT W
Address: 172 CAJEPUT DRIVE
City-St-Zip: NAPLES, FL 34108

Title: ABD
Name: HALE, III, R WALTER
Address: 4301 GULF SHORE BLVD #1101
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: VICKI L. WALKER, TIB FINANCIAL CORP.

VP/S

01/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date