

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086233

Entity Name: B. J. OF NAPLES, INC.

FILED  
Apr 13, 2006  
Secretary of State

**Current Principal Place of Business:**

1501 RAIL HEAD BLVD  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1501 RAIL HEAD BLVD  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 59-3408744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRISON, DAVID N  
975 SIXTH AVENUE SOUTH  
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: P ( ) Delete  
Name: BUCHHOLZ, JUDITH N  
Address: 811 TURKEY OAK LN  
City-St-Zip: NAPLES, FL 34108

Title: VPS ( ) Delete  
Name: BUCHHOLZ, ROBERT R  
Address: 811 TURKEY OAK LN  
City-St-Zip: NAPLES, FL 34108

**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 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: ROBERT BUCHHOLZ

VPS

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date