


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 347027**

1. Entity Name  
**DAVID COMPANY OF NAPLES, INCORPORATED**



Principal Place of Business      Mailing Address

696 16TH AVE. SO.      696 16TH AVE SO  
 NAPLES, FL 34102 US      NAPLES, FL 34102 US

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1269108**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PFAFF, DAVID N**  
**696 16TH ST S**  
**NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD PFAFF, DAVID N PRES 696 16TH AVE. SO. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PAGE, CHARLES M 225 S. LOGAN BLVD. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY ST ZIP	AT ROJAS, SUSAN P 941 21ST ST. SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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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 register 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 another person empowered.

SIGNATURE DAVID N. PFAFF      1/4/05      239/261-8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR