

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 347027



DAVID COMPANY OF NAPLES, INCORPORATED

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

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



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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 IN THIS SPACE**

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

110001397461
 01/30/06-80051-010 150.00

OFFICERS AND DIRECTORS

PSTD	PFAFF, DAVID N PRES
ADDRESS	696 16TH AVE. SO. NAPLES, FL 34102
VP	PAGE, CHARLES M
ADDRESS	225 S. LOGAN BLVD. NAPLES, FL 34119
AT	ROJAS, SUSAN P
ADDRESS	941 21ST ST. SW NAPLES, FL 34117
ADDRESS	
ADDRESS	
ADDRESS	

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 IN THIS SPACE**

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: *David N. Pfaff* **DAVID N. PFAFF** **1/16/06** **239/261-8984**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #