


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90023 032 \*\*\*150.00

<b>DOCUMENT # 416864</b> 1. Entity Name <b>NAPLES FIFTH AVENUE PHARMACY, INC.</b>					
Principal Place of Business <b>800 FIFTH AVE SOUTH NAPLES, FL 34102 US</b>			Mailing Address <b>800 FIFTH AVE SOUTH NAPLES, FL 34102 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082006 Chg-P CR2E034 (11/05) 4. FEI Number <b>59-1431608</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOJCIK, JOHN</b> <b>800 5TH AVE, S</b> <b>NAPLES, FL 34102</b> <i>Address change</i>			Name <b>John Wojcik (same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>11669 Collier Blvd</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34116</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT</b> <b>WOJCIK, JOHN</b> <b>800 FIFTH AVE SO</b> <b>NAPLES, FL 00000,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT</b> <b>Wojcik, John</b> <b>11669 Collier Blvd</b> <b>Naples FL 34116</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NANCY WOJCIK</b> <b>800 FIFTH AVE SO</b> <b>NAPLES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Nancy Wojcik</b> <b>11669 Collier Blvd</b> <b>Naples FL 34116</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>John Wojcik</i> <b>John Wojcik</b> <b>1/20/06</b> <b>239-455-3124</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					