


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # 650259 1. Entity Name RONALD L. NAPIER, P.A.	
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Principal Place of Business 1570 SHADOWLAWN DR NAPLES, FL 34104 US	Mailing Address 1570 SHADOWLAWN DR NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1958673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NAPIER, RONALD L.
1570 SHADOWLAWN DRIVE
NAPLES, FL 34104**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NAPIER, RONALD L 1570 SHADOWLAWN DRIVE NAPLES, FL 34104
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03/22/06-80009-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 

3/7/06