

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692228

FILED
Mar 11, 2006
Secretary of State

Entity Name: NAPLES JEWELERS, INC.

Current Principal Place of Business:

8927 N TAMiami TR
NAPLES, FL 34108 US

New Principal Place of Business:

8927 N TAMiami TR
NAPLES,, FL 34108 US

Current Mailing Address:

8927 N TAMiami TR
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2147339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOPE, DAVID
8927 N TAMiami TR
NAPLES, FL 33963 US

Name and Address of New Registered Agent:

SHOPE, DAVID D VP
8927 N TAMiami TR
NAPLES,, FL 34108 US

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: DAVID SHOPE

03/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHOPE, NANCY D,
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000,

Title: PSD () Delete
Name: SHOPE, DAVID D,
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000,

Title: VSD () Delete
Name: SHOPE, PRISCILLA
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000,

Title: D () Delete
Name: COFFERS, STEPHANIE
Address: 8927 N. TAMiami TR.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: THOMAS, PHILIP SEC
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000, FL 34108

Title: VP (X) Change () Addition
Name: SHOPE, DAVID D VP
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000, FL 34108

Title: PRES (X) Change () Addition
Name: SHOPE, PRISCILLA E PRES
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES, FL 00000, FL 34108

Title: D (X) Change () Addition
Name: COFFERS, STEPHINE F D
Address: 8927 N TAMiami TR
City-St-Zip: NAPLES,FL, FL 34108

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: DAVID SHOPE

VP

03/11/2006

Electronic Signature of Signing Officer or Director

Date