2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703709

Entity Name: NAPLES FLOTILLA, INC.

FILED Jaņ 06, 2<u>00</u>5 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1099 9TH STREET SOUTH 1099 9TH STREET, SOUTH NAPLES, FL 34102 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

1099 9TH STREET SOUTH 1099 9TH STREET, SOUTH NAPLES, FL 34102 NAPLES, FL 34102 US

FEI Number: 65-0083472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IAIZZO, JOHN P IAIZZO, JOHN P T 6573 MARISSA LOOP 6573 MARISSA LOOP #1902 #1902 NAPLES, FL 34108 US 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: JOHN P. IAIZZO 01/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MILLER, ALLEN R PLETNICK, JEROME J PD Name: Name: 2853 CRAYTON RD. Address: 1940 HOLIDAY LANE Address: City-St-Zip: NAPLES, FL 34103 US City-St-Zip: NAPLES, FL 34104 US

Title: () Delete Title: (X) Change () Addition CLEMENTSON, CHARLOTTE Name: BREEN, WILLIAM G VPD Name:

Address: P.O. BOX 1501 Address: 1818 55TH STREET, SW City-St-Zip: NAPLES, FL 34106 US City-St-Zip: NAPLES, FL 34116 US

Title: () Delete Title: SD (X) Change () Addition FORTE, RICHARD A FORTE, RICHARD A SD Name: Name: 178 TORREY PINES PT. 178 TORREY PINES POINT Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: NAPLES, FL 34113 US

Title: () Delete Title: (X) Change () Addition

IAIZZO, JOHN P Name: Name: IAIZZO, JOHN P T

6573 MARISSA LOOP, #1902 6573 MARISSA LOOP, #1902 Address: Address: City-St-Zip: NAPLES, FL 34108 US City-St-Zip: NAPLES, FL 34108 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. IAIZZO Т 01/06/2005