


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 703709 1. Entity Name NAPLES FLOTILLA, INC.	
--	---

Principal Place of Business 2430 SHADOWLAWN DR SUITE 12 NAPLES, FL 34112 US	Mailing Address 2430 SHADOWLAWN DR SUITE 12 NAPLES, FL 34112 US
---	---

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0083472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**IAIZZO, JOHN P T
6573 MARISSA LOOP
#1902
NAPLES, FL 34108**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renewing)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

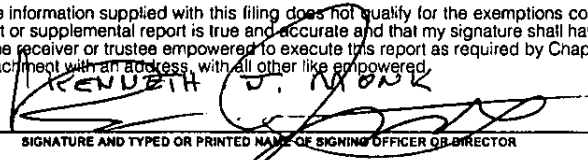
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONK, KENNETH J 332 PIER C NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MCDONALD, STANLEY A 2430 SHADOWLAWN DR SUITE 12 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IAIZZO, JOHN P 6573 MARISSA LOOP, #1902 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000794969
01/28/08-80028-018 61.25

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 617, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

JAN 22, 08 239 417 1026
Date Daytime Phone #