


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90236 020 \*\*\*\*61.25

<b>DOCUMENT # 716882</b> 1. Entity Name <b>SOUTHERN CLIPPER OF NAPLES, INC.</b>																																																																																																																				
Principal Place of Business <b>3333 GULF SHORE BLVD. N. NAPLES, FL 34103-3686 US</b>			Mailing Address <b>3333 GULF SHORE BLVD. N. NAPLES, FL 34103-3686 US</b>																																																																																																																	
2. Principal Place of Business		3. Mailing Address																																																																																																																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																		
City & State		City & State																																																																																																																		
Zip	Country	Zip	Country																																																																																																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																	
<b>SWALM, JOHN</b> <b>2375 TAMiami Trl N #308</b> <b>NAPLES, FL 33940</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>																																																																																																																				
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																				
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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.																																																																																																																				
<b>SIGNATURE:</b> <u>John J Ryan</u> <span style="float: right;">3-13-06 239-262-1874</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																				