2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 741042

Entity Name: CORVETTES OF NAPLES, INC.

Current Principal Place of Business:

4721 25TH AVE S.W.
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

4721 25TH AVE S.W.
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-0614545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BITNER, BUD
4721 25TH AVE S.W.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUTCHINSON, GLENN
Address: 305 SE 28TH TERRACE
City-St-Zip: CAPE CORAL, FL

Title: VPD ( ) Delete
Name: GOODBREAD, STEVEN
Address: 17660 BROADWAY AVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DT ( ) Delete
Name: BITNER, BUD
Address: 4721 25TH AVE S.W.
City-St-Zip: NAPLES, FL 34116

Title: DS ( ) Delete
Name: USTICA, LINDA
Address: 1334 LONGWOOD DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HUTCHINSON, GLENN
Address: 2904 S E 5 TH PLACE
City-St-Zip: CAPE CORAL, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BUD BITNER D T 03/12/2009

Electronic Signature of Signing Officer or Director — Date