

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02510**

1. Entity Name  
LONDON OF NAPLES, INC.



Principal Place of Business  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112-4885 US

Mailing Address  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112-4885 US



03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2043570

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HIGGS, WILLIAM T  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112-4885

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HIGGS, WILLIAM T  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 341124885

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HIGGS, ANTONIA M  
2666 AIRPORT RD.,S  
NAPLES, FL 341124885

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LOIACANO, LISA F  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 341124885

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
AGNELLI, JOHN J  
266 AIRPORT RD., SOUTH  
NAPLES, FL 341124885

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000332330  
04/26/05-80053-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Lisa F. Loiacano Lisa F. Loiacano Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 239-775-2230

Date

Daytime Phone #