



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 033 ***150.00

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	
2. Principal Place of Business 3050 N. Horseshoe Dr. Suite, Apt. #, etc. Suite 105 City & State Naples, FL Zip 34104 Country US		3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. Suite 105 City & State Naples, FL Zip 34104 Country US		40079246 	
4. FEI Number 59-2043570				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112-4885			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr. Suite 105 City Naples FL Zip Code 34104		
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 <u>William T. Higgs</u> <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGGS, ANTONIA M 2666 AIRPORT RD., S NAPLES, FL 341124885	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOIACANO, LISA F 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AGNELLI, JOHN J 266 AIRPORT RD., SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 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: <u>Lisa F. Loiacano</u> <u>4/25/06</u> <u>239-775-2230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					