


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02510**

1. Entity Name  
 LONDON OF NAPLES, INC.



Principal Place of Business 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104 US	Mailing Address 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104 US
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2043570	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGS, WILLIAM T  
 3050 NORTH HORSESHOE DRIVE  
 SUITE 105  
 NAPLES, FL 34104

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGGS, ANTONIA M 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOIACANO, LISA F 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AGNELLI, JOHN J 3050 NORTH HORSESHOE DRIVE SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/14/08-80046-014 150.00

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: William T. Higgs William T. Higgs 4-14-08 239-775-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #