


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 005 ***158.75

DOCUMENT # F40573	
1. Entity Name THE GOOD LIFE OF NAPLES, INC.	

Principal Place of Business 1170 3RD ST S STE A101 NAPLES FL 34102 US	Mailing Address 1170 3RD ST S STE A101 NAPLES FL 34102 US
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2. Principal Place of Business - No P.O. Box # 2355 VANDERBILT BEACH RD Suite, Apt. #, etc. SUITE 176 City & State NAPLES, FLORIDA Zip 34109 Country US	3. Mailing Address 2355 VANDERBILT BEACH RD Suite, Apt. #, etc. SUITE 176 City & State NAPLES, FLORIDA Zip 34109 Country US
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2nd MOORE CR2E034 (4/08)

4. FEI Number 59-2106768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARZ, DAVID W 1170 3RD ST., S, #A101 NAPLES FL 34102	7. Name and Address of New Registered Agent Name SCHWARZ, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 2355 VANDERBILT BEACH ROAD SUITE 176 City NAPLES FL Zip Code 34109
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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 retreating) DATE: _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHWARZ, DAVID W. 1170 3RD ST. S, #A101 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHWARZ, DAVID W. 2355 VANDERBILT BEACH ROAD STE 176 NAPLES, FLA 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHWARZ, DEBORAH V. 1170 3RD ST S, #A101 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHWARZ, DEBORAH V. 2355 VANDERBILT BEACH ROAD STE 176 NAPLES, FLA 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, HEATHER A 1170 3RD ST. S., #A101 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARONEY, HEATHER A 2355 VANDERBILT BEACH ROAD STE 176 NAPLES, FLA 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, PAULINE 1170 3RD ST. S., #A101 NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, SCOTT D 1170 3RD ST S., #A101 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, SCOTT D. 2355 VANDERBILT BEACH ROAD STE 176 NAPLES, FLA 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David W. Schwarz **DAVID W. SCHWARZ** **8-5-2008 239-514-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #