

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F94416	
1. Entity Name NAPLES PROFESSIONAL PROTECTION SERVICES, INC.	

Principal Place of Business 3030 SOUTH HORSESHOE DRIVE SUITE 300 NAPLES FL 34106 US	Mailing Address P.O. BOX 766 NAPLES FL 34106 US
---	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
--	--	--	--

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2256532	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIESKY, JAMES H. 1000 N TAMiami TRAIL STE 201 NAPLES FL 33940

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

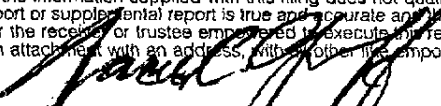
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	V GRANOFF, ALLAN 6714 SHADY GLEN MEMPHIS TN ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANOFF, JAMES 2400 LANTERN LANE NAPLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMLINSON, KATHRYN 356 11TH AVE SOUTH NAPLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANOFF, DAVID 6607 SEASHORE NEWPORT BCH. CA ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000436397 02/27/06-80035-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another line empowered.

SIGNATURE:  **JAMES C. GRANOFF** 1/31/06 239-262-8790