2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90056 021 ***150.00

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DOCUMENT # F98000001273

1. Entity Name
BAYSHORE OF NAPLES, INC.

Principal Place of Business	Mailing Address
4500 BAYSHORE DRIVE NAPLES, FL 34112	1720 N KINSER PIKE BLOOMINGTON, IN 47404

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	400 W. 7th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200
City & State	City & State Bloomington, IN
Zip / Country	Zip 47404 / Country

4. FEI Number
35-2039271
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DVORAK, PETER 497 HENLEY DR NAPLES, FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DVORAK, PETER 1720 N. KINSER PIKE BLOOMINGTON, IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dvorak, Peter 400 W. 7th Street, Suite 200 Bloomington, IN 47404	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MITCHELL, TIM J 1720 N KINSER PIKE BLOOMINGTON, IN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD McCarty, Stephen 1817 Kolff St. Newport, MN 55055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENDER, JOHN W 1720 N KINSER PIKE BLOOMINGTON, IN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: _____, Peter Dvorak, President 1/18/04 (812) 331-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #