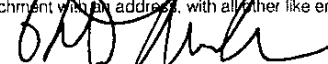


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 021 ***150.00

DOCUMENT # F98000001273 1. Entity Name BAYSHORE OF NAPLES, INC.					
Principal Place of Business 4500 BAYSHORE DRIVE NAPLES, FL 34112			Mailing Address 1720 N KINSER PIKE BLOOMINGTON, IN 47404		
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 		Country 		4. FEI Number 35-2039271	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DVORAK, PETER 497 HENLEY DR NAPLES, FL 34104				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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
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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 # _____					

50012867



01172005 Chg-P CR2E034 (10/03)