2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H21965 1. Entity Name

1. Entity Name STUDIO 8 OF NAPLES, INC.



FILED Apr 02, 2007 08:00 Al Secretary of State

Principal Place of Business

1313 TURNER PLACE NAPLES, FL 34110 Mailing Address

1313 TURNER PLACE NAPLES, FL 34110



DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2447192

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JASSY, KAREN 1313 TURNER PLACE NAPLES, FL 34110

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASSY, KAREN KELLY 1313 TURNER PLACE NAPLES, FL 34110		- -	U00000687942	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JASSY, KAREN KELLY 1313 TURNER PLACE NAPLES, FL 34110				04/10/07-80060-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					•

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: **Z**

SIGNATURE AND THE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/26/2007 239-566-9165