

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 025 ***150.00

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01112007 Chg-P CR2E034 (12/06)

DOCUMENT # H62978			
1. Entity Name COMMERCIAL PROPERTIES OF NAPLES, INC.			
Principal Place of Business 809 WALKERBILT ROAD, NAPLES, FL 34110 US		Mailing Address 809 WALKERBILT ROAD NAPLES, FL 34110 US	
2. Principal Place of Business - No P.O. Box # 809 WALKERBILT ROAD		3. Mailing Address 809 WALKERBILT ROAD	
Suite, Apt. #, etc. SUITE #5		Suite, Apt. #, etc. SUITE #5	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34110	Country US	Zip 34110	Country US
4. FEI Number 59-2552269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANDERON, THOMAS 809 WALKERBILT ROAD NAPLES, FL 34110		7. Name and Address of New Registered Agent Name THOMAS WANDERON Street Address (P.O. Box Number is Not Acceptable) 809 WALKERBILT ROAD SUITE #5 City NAPLES FL Zip Code 34110	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP JENSEN, PATRICIA A 641 HICKORY RD. NAPLES, FL 34108 <input 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 WANDERON, THOMAS 809 WALKERBILT ROAD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS WANDERON 809 WALKERBILT RD, SUITE #5 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" 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
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
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: <u>Patricia A. Jensen</u>		Date: <u>1/11/07</u> Daytime Phone #: <u>239-594-0001</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>PATRICIA A. JENSEN</u>			