

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # H67588

1. Entity Name
KING JAMES - NAPLES, INC.



Principal Place of Business
**1002 5TH AVE SOUTH
NAPLES, FL 34102 US**

Mailing Address
**7501 WEEPING WILLOW BLVD
SARASOTA, FL**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2576004 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**COLE, R. JOHN, II
1605 MAIN ST.
S-1110
SARASOTA, FL 33577**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MONTONEY, JAMES VERNON**
STREET ADDRESS **7501 WEEPING WILLOW BLVD**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **DS**
NAME **MONTONEY, JANET CHERYL**
STREET ADDRESS **7501 WEEPING WILLOW BLVD**
CITY-ST-ZIP **SARASOTA, FL**

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03/18/06-80005-011 150.00

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IN THIS SPACE**

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: Cheryl Montoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06 941 921 7075
Date Daytime Phone