

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 008 ***158.75

DOCUMENT # J11392

1. Entity Name
GERMAIN OF NAPLES, INC.



Principal Place of Business
13491 NORTH TAMiami TR
NAPLES, FL 34110

Mailing Address
13315 NORTH TAMiami TR
NAPLES, FL 34110

30010001



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2669450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM L
10661 AIRPORT PULLING ROAD
SUITE 16
NAPLES, FL 34109

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
GERMAIN, ROBERT L. JR.
13315 N TAMiami TRAIL
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GERMAIN, ROBERT L SR
13329 N TAMiami TRAIL
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
GERMAIN, STEPHEN L.
5777 SCARBOROUGH BLVD
COLUMBUS, OH 43232

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
MCCARTHY, SEAN H
4130 MORSE CROSSING
COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

614-416-333

Daytime Phone #