

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION**  
**ANNUAL REPORT**



U. S. DEPARTMENT OF STATE  
SARAH B. THAYER  
Secretary of State  
Washington, D. C.  
April 10, 1917.

APPROVED

DOCUMENT # J68999

(8)

**NAPLES THIS END UP, INC.**

|  |   |  |   |
|--|---|--|---|
| 1309 EXCHANGE ALLEY<br>RICHMOND VA 23219   |   | 1309 EXCHANGE ALLEY<br>RICHMOND VA 23219               |   |
| 2. Name and Address of Registered Agent  |   | 2B. Mailing Address                                    |   |
| 21   | 26  |  |   |
| 22   | 27  | Suite A Apt # 400                                      |   |
| 23   | 28  | Office A Suite   |   |
| 24   | 25  | 29   | 30  |
| 9. Name and Address of Current Registered Agent  |   |  |   |
| <b>UNITED STATES CORPORATION COMPANY</b><br><b>1201 HAYES ST</b><br><b>SUITE 105</b><br><b>TALLAHASSEE FL 32301</b>  |   |  |   |
| 81   | Name  |  |   |
| 82   | Street Address  |  |   |
| 83   |   |  |   |
| 84   | City  |  |   |
| 11. Pursuant to the requirements of Section 13(d) of the 1934 Act, I, Douglas McElhinney, the above-named corporation responsible agent, certify that the information contained herein is true and complete to the best of my knowledge and belief. I further certify that I am not the registered agent for another corporation. I declare under penalty of perjury that the foregoing is true and correct. |   |  |   |
| Signature  |   |  |   |
| 12.  | D<br>QURAESHI, SHAHID<br>ONE THEALL ROAD<br>RYE NY  | DP<br>RICHARDS, ARTHUR V.<br>ONE THEALL ROAD<br>RYE NY | V<br>MCELHINNEY, DOUGLAS H.<br>1309 EXCHANGE ALLEY<br>RICHMOND VA |
| 13.  |   |  |   |
| 14.  | I hereby certify that the information supplied with this filing is voluntarily furnished and shown in good faith to me, that the information included in the annual report or supplemental annual report is accurate insofar as it pertains to me or my corporation, that no material or transaction of my corporation has been omitted from the report, and that I have affixed my signature to this document. |  |   |
| <b>SIGNATURE:</b> <br><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>   |   |  |   |

4/20/15

az/469 402

**SIGNATURE:**

**INSTITUTION AND TYPE OF EDUCATION** **PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**