2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #K30417

1. Entity Name

NAPLES PROFESSIONAL PROPERTIES, INC.



FILED Mar 13, 2007 08:00 AM Secretary of State

Principal Place of Business

4933 N TAMIAMI TRAIL NAPLES, FL 34103 US Mailing Address

4933 N TAMIAMI TRAIL NAPLES, FL 34103 US



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0063277

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GARLICK, THOMAS B. 5551 RIDGEWOOD DRIVE SUITE 101 NAPLES, FL 34108

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	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	0,000		required when reinstating)	DATE
	Signature, typed or printed name or registered agent and title in	applicable. (NOTE: Hegistered	Agent signature	a required when reinstating)	DATE
		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARRETT, DONALD F. 150 TUPELO ROAD NAPLES, FL 34108	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i		000000665026 03/23/07-80008-005 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filling 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 trestee 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:

STREET ADDRESS

NATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

res

9.07 (239)643.290