

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31361

Entity Name: DBQ OF NAPLES, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

9191 N. TAMIAMI TRAIL
NAPLES, FL 33942

New Principal Place of Business:

Current Mailing Address:

12595 S CLEVELAND AVE
SUITE 110
FORT MYERS, FL 33907

New Mailing Address:

12995 S CLEVELAND AVE
SUITE 110
FORT MYERS, FL 33907

FEI Number: 65-0157381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDEN, PAUL D PD
2122 SECOND ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEDEN, PAUL D PD
Address: 2122 SECOND STREET
City-St-Zip: FT. MYERS, FL 33901

Title: SD () Delete
Name: PEDEN, CRAIG D SD
Address: 2122 SECOND ST.
City-St-Zip: FT. MYERS, FL 33901

Title: V (X) Delete
Name: COOK, PETER M V
Address: 2122 SECOND ST
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEDEN, PAUL D PD
Address: 12995 S CLEVELAND AVE, SUITE 110
City-St-Zip: FT. MYERS, FL 33907

Title: SD (X) Change () Addition
Name: PEDEN, CRAIG D STD
Address: 12995 S CLEVELAND AVE, SUITE 110
City-St-Zip: FT. MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PEDEN

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date