2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59749

Entity Name: F-D ENTERPRISES OF NAPLES, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal	Place of Business:
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5900 TAYLOR RD

NAPLES, FL 341091833 US

Current Mailing Address: New Mailing Address:

5900 TAYLOR RD 5900 TAYLOR RD NAPLES, FL 33942 NAPLES, FL 34109

FEI Number: 65-0187263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE REG. AGENT

801 ANCHOR RD. DR.

#203

NAPLES, FL 34103 US

CORPORATE REG. AGENT

5147 COSTELLO DRIVE

NAPLES, FL 34103 US

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: JOHN PAULICH III 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 DAVIS, THOMAS F.,
 Name:
 DAVIS, THOMAS F.,

 Address:
 25231 LUCI DR
 Address:
 25231 LUCI DR

 City-St-Zip:
 BONITA SPRGS, FL
 34145

Title: V () Delete Title: () Change () Addition

 Name:
 LAFATA, PAUL
 Name:

 Address:
 562 108TH AVE N
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 FENTON, ROBERT F.,
 Name:
 FENTON, ROBERT F.,

 Address:
 5940 SONOMA CT.
 Address:
 5940 SONOMA CT.

 City-St-Zip:
 NAPLES, FL
 Address:
 NAPLES, FL
 34109

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: ROBERT F FENTON STD 04/28/2005