2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE

## Feb 27, 2006 8:00 am Secretary of State DOCUMENT # L60178 1. Entity Name 02-27-2006 90064 042 \*\*\*150.00 AFC OF NAPLES, INC. Principal Place of Business Mailing Address 6200 COLLIER BLVD NAPLES FL 34114 6200 COLLIER BLVD NAPLES FL 34114 2. Principal Place of Business 28441 U.S 3. Mailing Address 28441 115 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 65-0181101 Bonita Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name COX, AARON F (P.O. Box Number is Not Acceptable) 6200 COLLIER BLVD NAPLES FL 34114 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVS TIJLE ☐ Defete TITLE Change Addition NAME COX, AARON F MAME 6200 COLLIER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete \_\_\_Change\_\_ \_\_\_\_\_.Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP TITLE ☐ Delete TITSE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

**FILED**