

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60728

FILED
Jan 05, 2005
Secretary of State

Entity Name: DESIGN BUILD OF NAPLES, INC.

Current Principal Place of Business:

1100 5TH AVE S, #201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 5TH AVE S, #201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0183768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSIN, TIMOTHY W.
1100 5TH AVE S #201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

MORRISON, DAVID N
5333 SYCAMORE DRIVE
NAPLES, FL 34119 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: DAVID N. MORRISON

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TASSIN, TIMOTHY W
Address: 1100 5TH AVE S, #201
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: MORRISON, DAVID N
Address: 5333 SYCAMORE DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID N. MORRISON

VP

01/05/2005

Electronic Signature of Signing Officer or Director

Date