

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
1/ Feb 14, 2007 8:00 am
Secretary of State

01-17-2007 90049 032 ***150.00

DOCUMENT # M65785 1. Entity Name THE NAPLES GROUP, INC.	
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Principal Place of Business
3384 BALBOA CIR.W
NAPLES, FL 34105 US

Mailing Address
3384 BALBOA CIR.W
NAPLES, FL 34105 US

66001445



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0023906	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESTES, BRAD 3384 BALBOA CIR.W NAPLES, FL 34105

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when establishing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESTES, PHYLLIS D. 3384 BALBOA CIRCLE WEST NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTES, BRAD C. 3384 BALBOA CIRCLE WEST NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ESTES, PATRICK 123 LEAWOOD CIRCLE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAFFNEY, AMY ESTES 14944 SUMMIT PLACE CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 an address with all other like empowered

SIGNATURE: *Brad Estes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 239
261-4768
Date Due Date