

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90012 013 ***150.00

DOCUMENT # M65785

1. Entity Name

THE NAPLES GROUP, INC.



Principal Place of Business

3384 BALBOA CIR.W
NAPLES FL 34105
US

Mailing Address

3384 BALBOA CIR.W
NAPLES FL 34105
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DVP ☐ Delete
NAME: ESTES, PHYLLIS D.
STREET ADDRESS: 3384 BALBOA CIRCLE WEST
CITY- ST- ZIP: NAPLES FL

TITLE: DP ☐ Delete
NAME: ESTES, BRAD C.
STREET ADDRESS: 3384 BALBOA CIRCLE WEST
CITY- ST- ZIP: NAPLES FL

TITLE: DS ☒ Delete
NAME: ESTES, PATRICK
STREET ADDRESS: 123 LEAWOOD CIRCLE
CITY- ST- ZIP: NAPLES FL 34104

TITLE: DT ☐ Delete
NAME: GAFFNEY, AMY ESTES
STREET ADDRESS: 14944 SUMMIT PLACE CIRCLE
CITY- ST- ZIP: NAPLES FL 34119

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 2461 PINEWOODS CIRCLE
CITY- ST- ZIP: NAPLES, FL 34105

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

SIGNATURE:

Brad Estes BRAD ESTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/08
Date

239
261-4768
Daytime Phone #