

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M66149

1. Entity Name
BATHCREST OF NAPLES, INC.



Principal Place of Business

**% GARY E. DONER
715 GLENDALE AVE.
NAPLES, FL 34110 US**

Mailing Address

**% GARY E. DONER
715 GLENDALE AVE.
NAPLES, FL 34110 US**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0046979** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DONER, GARY E.
715 GLENDALE AVE.
NAPLES, FL 33963**

**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 signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000500733
04/25/06-80033-015 158.75**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONER, GARY E.
STREET ADDRESS	715 GLENDALE AVE.
CITY-ST-ZIP	NAPLES, FL
TITLE	VP
NAME	DONER, CARLA P
STREET ADDRESS	715 GLENDALE AVE
CITY-ST-ZIP	NAPLES, FL
TITLE	S
NAME	BOYETTE, DOUGLAS
STREET ADDRESS	1232 JARDIN
CITY-ST-ZIP	NAPLES, FL 34104
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carla A. Doner **Carla A. Doner** 4-6-06 239.598-3565