

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90020 016 ***150.00

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1. Entity Name
NAPLES/GULF CORPORATION



Principal Place of Business
**2200 CORPORATION BLVD
NAPLES, FL 34109 US**

Mailing Address
**2200 CORPORATION BLVD
NAPLES, FL 34109 US**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0045512** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, TRAVIS
2200 CORPORATE BLVD
NAPLES, FL 34109**

**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 reinstating)

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	P
NAME	WILSON, TRAVIS
STREET ADDRESS	2200 CORPORATION BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	X
NAME	TEAGUE, BESSIE FAYE
STREET ADDRESS	2200 CORPORATION BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	ST
NAME	MATSON, MIKE
STREET ADDRESS	2200 CORPORATION BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*TRAVIS PRES
& SEC.*

*MIKE MATSON
VICE PRES
TREASURER*

**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

1-17-07 239 598 3222

Date

Daytime Phone #