

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001297

1. Entity Name
CAPITAL CONNECTION OF COLLIER COUNTY, INC.



Principal Place of Business

**1100 FIFTH AVE. S.
SUITE 201
NAPLES, FL 34102**

Mailing Address

**1100 FIFTH AVE. S.
SUITE 201
NAPLES, FL 34102**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3707756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRIER, ELINOR V
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUNKER, BUDDY
STREET ADDRESS	3400 RADIO RD, STE 107
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	V
NAME	FLORA, TERRY L
STREET ADDRESS	1333 THIRD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	T
NAME	CROSS, WALTER J
STREET ADDRESS	3301 TAMiami TRAIL EAST
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	S
NAME	KRIER, ELINOR V
STREET ADDRESS	1100 FIFTH AVE SOUTH, STE 210
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	CONRECODE, THOMAS E
STREET ADDRESS	3003 TAMiami TRAIL NORTH, STE 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	STEPHENS, JACKIE
STREET ADDRESS	1034 6TH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102

U00000355289
05/03/05-60141-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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 #