2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007490

Entity Name: NAPLES MUSTANGS INC.

FILED Sep 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12921 BRYNWOOD WAY 4890 PALMETTO WOODS DRIVE

NAPLES, FL 34105 US NAPLES, FL 34119 US

Current Mailing Address: New Mailing Address:

12921 BRYNWOOD WAY
NAPLES, FL 34105 US
4890 PALMETTO WOODS DRIVE
NAPLES, FL 34119 US

FEI Number: 59-3752731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORBAN, THOMAS C
12921 BAYWOOD WAY
NAPLES, FL 34105 US
TURNER, RICK
4890 PALMETTO DRIVE
NAPLES, FL 341019 US

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.

SIGNATURE: RICK TURNER 09/01/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VD () Delete Title: P (X) Change () Addition

Name: LEITH, BRIAN R Name: TURNER, RICK
Address: 6497 AUTUMN WOODS BLVD Address: 4890 PALMETTO WOODS DRIVE

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34119

Title: PD () Delete Title: VP (X) Change () Addition Name: ORBAN, THOMAS C Name: PATTON, DOUG

 Name:
 ORBAN, THOMAS C
 Name:
 PATTON, DOUG

 Address:
 12921 BAYWOOD WAY
 Address:
 1135 HOLIDAY LANE

 City-St-Zip:
 NAPLES, FL 34105 US
 City-St-Zip:
 NAPLES, FL 34104 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf ST} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: CREWS, ERIC Name: ZECH, BRIAN

 Address:
 214 CONSTITUTION DR
 Address:
 4412 LORRAINE AVENUE

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK TURNER P 09/01/2005