

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008302

FILED
Apr 01, 2005
Secretary of State

Entity Name: NAPLES DAWGS, INC.

Current Principal Place of Business:

6301 SHIRLEY STREET
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6301 SHIRLEY STREET
NAPLES, FL 34109

New Mailing Address:

FEI Number: 36-4482087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, C. NEIL
850 PARK SHORE DR., 3RD FL
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINN, EDWARD N
Address: 300 5TH AVE. S, STE. 230
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ALLEN, CHRISTOPHER
Address: 555 HICKORY RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ALLEN, PAUL
Address: 6301 SHIRLEY ST.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD N. FINN

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date