2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # N35595 1. Entity Name NAPLES PILOTS ASSOCIATION, INC.					01-18-2005 90064 003 ****61.25					
P 0 B0X 530	ce of Business 6 34106-536 US	Mailing Address P 0 B0X 536 NAPLES, FL 34106-536	5 US		} (# \$ }}	is viet sval sval		000304		
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-NP	CR2	E037 (10/03)		
City & State		City & State			4. FEI Numb 65-049			A	pplied For	
Zip	Country	Zip	Country			of Status Desir	red 🔲	\$8.75 Ad		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of N	ew Register	Fee Require	BO	
-			Name	·20	11 1101110 0110	— ,	ew riegister	ou Agent		
ROGERS, GARY 13255 WHITE VIOLET DR. NAPLES, FL 34119			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
			City	Na	ples		F	Zip Coo	de 7	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or			th, in the State	of Florida. 1 a	am familiar with	, and accept	
	10 Coll 1						j.	1. 1	_	
SIGNATURE.	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE:	Registered Agent signatu	w berluper an	rhen reinstating)		DAT	12/05		
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May E	Be		eck payable (
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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:

THE THE PARTY PER DE BEINTEN NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

239/262-0190