


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90175 001 \*\*\*\*61.25

<b>DOCUMENT # N95000002402</b>	
1. Entity Name NAPLES ROLLER HOCKEY, INC.	

Principal Place of Business 2400 TAMiami TRAIL NORTH ST 201 NAPLES, FL 34103 US	Mailing Address 2400 TAMiami TRAIL NORTH ST 201 NAPLES, FL 34103 US
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30033730



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0580927	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State			
Zip	Country	Zip	Country		

04072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICK, PAUL C 2400 TAMiami TRAIL N #201 NAPLES, FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROUT, DALE <input checked="" type="checkbox"/> Delete 7356 STONEGATE DRIVE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREY, DAVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOMORY, KRIS <input checked="" type="checkbox"/> Delete 1920 BETHANY PLACE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASTYS, KARI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSADO, BETH <input type="checkbox"/> Delete 5810 14 AV SW NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLALY, TRACY <input checked="" type="checkbox"/> Delete 5666 10TH AVENUE SW NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKFORD, TIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, ANDY <input type="checkbox"/> Delete 1748 ROYAL CIRCE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLINSKI, SHAWN <input type="checkbox"/> Delete 1333 NAPLES LAKE DRIVE NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beth Rosado BETH ROSADO, V.P. 239-261-8337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #