
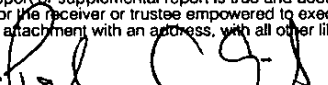


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90029 027 ****61.25

DOCUMENT # N95000002402 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY, DAVE		NAME		
STREET ADDRESS	2400 TAMiami TRAIL N #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASTYS, KARI		NAME	CAFONE, PATTY	
STREET ADDRESS	2400 TAMiami TRAIL N #201		STREET ADDRESS	2400 TAMiami TRAIL N #201	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSADO, BETH		NAME	BLAKELY, ROB	
STREET ADDRESS	5810 14 AV SW		STREET ADDRESS	2400 TAMiami TRAIL N #201	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALCKFORD, TIM		NAME	BLACKFORD, TIM	
STREET ADDRESS	2400 TAMiami TRAIL N #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSER, ANDY		NAME	TANGUAY, RON	
STREET ADDRESS	1748 ROYAL CIRCE		STREET ADDRESS	2400 TAMiami TRAIL N #201	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYLINSKI, SHAWN		NAME		
STREET ADDRESS	1333 NAPLES LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			PAUL C. NICK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/30/06 (239) 261-8337		
			Date Daytime Phone #		