

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90031 015 ****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**



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0580927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICK, PAUL C
2400 TAMiami TRAIL N #201
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUMPHREY, DAVE
2400 TAMiami TRAIL N #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAFONE, PATTY
2400 TAMiami TRAIL N #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLAKELY, ROB
2400 TAMiami TRL N 201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
BLACKFORD, TIM
2400 TAMiami TRAIL N #201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TANGUAY, RON
2400 TAMiami TRL N 201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PYLINSKI, SHAWN
1333 NAPLES LAKE DRIVE
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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: _____

TIM BLACKFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #