

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004296

FILED  
May 24, 2007  
Secretary of State

Entity Name: KEEP COLLIER BEAUTIFUL, INC.

## Current Principal Place of Business:

525 FIFTH STREET N.W.  
NAPLES, FL 34120

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 110665  
NAPLES, FL 34109 US

## New Mailing Address:

15215 COLLIER BLVD.  
SUITE 311 BOX 155  
NAPLES, FL 34119 US

FEI Number: 65-0609059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

PILON, JAMES A  
1000 TAMiami TRAIL N., STE 201  
NAPLES, FL 34102 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: TD ( ) Delete  
Name: PILON, JIM  
Address: 1000 TAMiami TRAIL N., STE 201  
City-St-Zip: NAPLES, FL 34102 US

Title: D ( ) Delete  
Name: BERG, LARRY  
Address: 4500 EXCHANGE AVENUE  
City-St-Zip: NAPLES, FL 34104 US

Title: DCS ( ) Delete  
Name: GO, JANET  
Address: 3301 TAMiami TRAIL E., BLDG. H  
City-St-Zip: NAPLES, FL 34112 US

Title: D ( ) Delete  
Name: WILSON, SHEILA  
Address: 1075 CENTRAL AVENUE  
City-St-Zip: NAPLES, FL 34102 US

Title: D ( ) Delete  
Name: KRAPF, RICH  
Address: 1281 ROYAL PALM DRIVE  
City-St-Zip: NAPLES, FL 34103 US

Title: D ( ) Delete  
Name: O'REILLY, TOM  
Address: 1023 - 5TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

## 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:

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 exemption stated 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 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: CHER COMPTON

ED

05/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date