2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# N95000004296

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:

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

New Mailing Address:

FEI Number: 65-0609059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: JAMES A. PILON TD 02/06/2008

Electronic Signature of Signing Officer or Director — Date