

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004296

FILED
Mar 24, 2009
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:

525 FIFTH STREET N.W.
NAPLES, FL 34120 US

Current Mailing Address:

7550 MISSION HILLS DR.
BOX 25
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
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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

03/24/2009

Electronic Signature of Signing Officer or Director

Date