

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005064

1. Entity Name
NAPLES FREE-NET, INC.



Principal Place of Business
**5035 TAMiami TRAIL E.
SUITE 101
NAPLES, FL 34113**

Mailing Address
**5035 TAMiami TRAIL E.
SUITE 101
NAPLES, FL 34113**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0651168** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COAKLEY, WILLIAM
2259 QUEENS WAY
NAPLES, FL 34112**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COAKLEY, WILLIAM
STREET ADDRESS	2259 QUEENS WAY
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VP
NAME	MATTHEWS, EUGENE
STREET ADDRESS	6880 RED BAY PARK RD
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	LUPARELLO, ROBERT
STREET ADDRESS	628- LAMBTON LANE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Luparello **ROBERT LUPARELLO, TREASURER** 1/1/5 239-352-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #