


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90265 001 \*\*\*\*61.25

<b>DOCUMENT # N95000005064</b> 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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0651168				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COAKLEY, WILLIAM 2259 QUEENS WAY NAPLES, FL 34112			7. Name and Address of New Registered Agent Name <u>WILLIAM S. MAYER</u> Street Address (P.O. Box Number is Not Acceptable) <u>210 FOXGLEN DR</u> City <u>NAPLES</u> FL <u>34104</u>		
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 <u>WILLIAM S. MAYER, PRES.</u> <u>[Signature]</u> <u>1/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COAKLEY, WILLIAM 2259 QUEENS WAY NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT WILLIAM S. MAYER 210 FOXGLEN DR. NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATTHEWS, EUGENE 6880 RED BAY PARK RD NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES MICHAEL KOENIG 5860 BURR OAKS LANE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUPARELLO, ROBERT 628- LAMBTON LANE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS CHARLES R. SMITH 2166 TARDON RD NAPLES FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ROGER KASTEL 4522 ASHTON COURT NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 <u>[Signature]</u> <u>WILLIAM S. MAYER, PRES.</u> <u>1/7/06</u> <u>239-643-4742</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					