


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90091 032 ****61.25

DOCUMENT # N96000004077 1. Entity Name NAPLES SWAMP ROMPERS, INC.					
Principal Place of Business NAPLES SWAMP ROMPERS 4750 COUNTY RD 951 NAPLES, FL 33964 US			Mailing Address NAPLES SWAMP ROMPERS 3210 31ST AVENUE, S.W. NAPLES, FL 34117 US		
2. Principal Place of Business - No P.O. Box # 27700 Zemel Rd		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Punta Gorda FL		City & State 		4. FEI Number 65-0756717	
Zip 33955		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPILLER, JOHN E 1400 N 15TH ST SUITE 201 IMMOKALEE, FL 33934			7. Name and Address of New Registered Agent Name Thalheimer, S.C. Street Address (P.O. Box Number is Not Acceptable) 3210 31st Ave SW City Naples FL Zip Code 34117		
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 _____ DATE 4-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D THALHEIMER, S.C. 3210 31ST AVENUE, S.W. NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, THOMAS 2156 42ND ST SW NAPLES, FL 33964	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, MARK 4920 CORTEZ CIR NAPLES, FL 33962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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: _____ 4-4-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					