

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

DOCUMENT # N99000004987

1. Entity Name

WEDDING & PARTY PROFESSIONALS OF NAPLES, INC.



03-29-2006 90120 005 ****61.25

Principal Place of Business

Mailing Address

371 PIRATE'S BIGHT
NAPLES FL 34103

P.O. BOX 8355
NAPLES FL 34101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3591171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSH, PATRICIA W
12370 LAKE SHALIMAR DRIVE
BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEAN, SCOTT	
STREET ADDRESS	14534 INDIGO LAKES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLONY, SCOTT	
STREET ADDRESS	371 PIRATE'S BIGHT	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	I	<input type="checkbox"/> Delete
NAME	MARSH, PATRICIA	
STREET ADDRESS	12370 LAKE SHALIMAR DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARD, SCOTT	
STREET ADDRESS	371 PIRATE'S BIGHT	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEAN, JAMES	
STREET ADDRESS	18911 SOUTH TAMiami TRAIL #18	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANK, SPENCER	
STREET ADDRESS	2354 IMMOKALEE ROAD	
CITY-ST-ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BEAN	
STREET ADDRESS	18911 SOUTH TAMiami TRAIL #18	
CITY-ST-ZIP	FORT MYER, FL 33908	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA COLEY	
STREET ADDRESS	5629 STRAND BLVD Suite 409	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA WARNOCK	
STREET ADDRESS	378 13TH AVE S	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA FARREN	
STREET ADDRESS	300 FIFTH AVE S #101-340	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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