

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90018 014 ****61.25

DOCUMENT # N99000004987

1. Entity Name

WEDDING & PARTY PROFESSIONALS OF NAPLES, INC.



Principal Place of Business

371 PIRATE'S BIGHT
NAPLES FL 34103

Mailing Address

P.O. BOX 8355
NAPLES FL 34101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

WARNOCK, PAULA
378 13TH AVE S
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Karen A. Cubler

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

6735 Kestrel Circle

City

Fort Myers

FL

Zip Code

33966

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

Karen A. Cubler, Treasurer

Karen A. Cubler

2-13-08

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

(NOTE: Registered Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 checked="" type="checkbox"/> Delete
NAME	COPLEY, CYNTHIA	
STREET ADDRESS	5629 STRAND BLVD STE 409	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WARNOCK, PAULA	
STREET ADDRESS	378 13TH AVE S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CIABATON, BLASE	
STREET ADDRESS	350 NINTH ST S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DELEO, ROBIN	
STREET ADDRESS	807 MOUNT HOOD COURT	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Drago	
STREET ADDRESS	739 Lambton Lane	
CITY-ST-ZIP	Naples, FL 34104-7810	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Cubler	
STREET ADDRESS	6735 Kestrel Cir	
CITY-ST-ZIP	Fort Myers, FL 33966	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Schwartz	
STREET ADDRESS	9693 Campbell Cir	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Teal	
STREET ADDRESS	626 Augusta Blvd	
CITY-ST-ZIP	Naples, FL 34113	
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:

Karen Cubler (Karen Cubler)

2-13-08 239-561.9158