

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90031 044 \*\*\*\*61.25

60045507



07242008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3599804** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25**  
**Due by September 12, 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	FAY, CATHERINE	100 AVIATION DRIVE SOUTH #101	NAPLES, FL 34104				
TD	ERIC WEST	6849 GRENADIER BLVD #PH5	NAPLES, FL 34106				
PD	CAMERON, R. SCOTT	1250 N. TAMiami TRAIL, SUITE 101	NAPLES, FL 34102				
BD	BELCHER, SHERRY	1508 TREELINE DRIVE	NAPLES, FL 34119				

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. SCOTT CAMERON  
PRESIDENT

Date

Daytime Phone #

7/24/08 239-261-1111