


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006979</b> 1. Entity Name <b>NAPLES LADY SHOCKERS BASKETBALL CLUB, INC.</b>	
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Principal Place of Business <b>170 25TH AVE. NW NAPLES, FL 34120</b>	Mailing Address <b>170 25TH AVE. NW NAPLES, FL 34120</b>
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**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3620636</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**NAVARRO, GUS  
170 25TH AVE. NW  
NAPLES, FL 34120**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

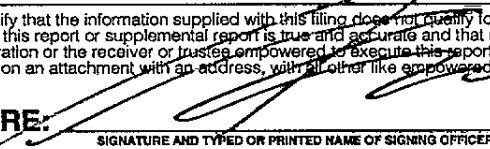
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000061404 02/23/04-80079-021 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAVARRO, GUS S 170 25TH AVE NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAVARRO, CECILIA 170 25TH AVE NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAVARRO, MARIA PO BOX 10817 NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **2-17-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #