2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N99000007216

Entity Name: NAPLES CHAMBER PAC, INC.

Current Principal Place of Business:

3620 TAMIAMI TR., NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3620 TAMIAMI TR., NORTH
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3626157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JAY
3620 TAMIAMI TR., NORTH
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WESTON, DAVE
Address: 3620 TAMIAMI TR., NORTH
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete
Name: PEACOCK, ROBERT
Address: 3620 TAMIAMI TR., NORTH
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete
Name: LABBE, RON
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: GLAESER, BRIAN
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: CONRECODE, TOM
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

Title: D (X) Delete
Name: FUSON, PALMA
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HILL, CLARK
Address: 3620 TAMIAMI TR., NORTH
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GLAESER, BRIAN A
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition
Name: FUSON, PALMA
Address: 3620 TAMIAMI TR N
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE WESTON C 04/16/2004

Electronic Signature of Signing Officer or Director — Date