2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # P00000042801 1. Entity Name 01-28-2005 90029 034 ***158.75 NAPLES HOUSE SERVICES, INC. Mailing Address Principal Place of Business 4763 ESCOBAR AVE.,#B 4763 ESCOBAR AVE., #B NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business 4425 Dorando DR 4415 Dorando DR CR2E034 (10/04) 4. FEI Number 59-3649433 Applied For Not Applicable Country \$8.75 Additional 34103 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kolesnikova Olga KOLESNIKOVA, OLGA 4763 ESCOBAR AVE., #B NAPLES FL 34103 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. 01/23/05 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DILE Delete Change Addition Kolesnikova Olga 4425 Dorando De haples, Fl, 34103 VSD KOLESNIKOVA, OLGA NAME NAME STREET ADDRESS 4763 ESCOBAR AVE..#B STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition VSD Chepchugov Sergey 4415 Dorando De Naples, FC, 34103 NAME CHEPCHUGOV, SERGEY STREET ADDRESS 4763 ESCOBAR AVE., #B STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP THEE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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.

FILED