


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90500 048 \*\*\*150.00

<b>DOCUMENT # P0000063472</b> 1. Entity Name <b>GENERAL INDUSTRIES OF NAPLES, INC.</b>	
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Principal Place of Business <b>8473 BAY COLONY DR., UNIT #1803 NAPLES, FL 34108</b>	Mailing Address <b>8473 BAY COLONY DR., UNIT #1803 NAPLES, FL 34108</b>
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**20053918**



2. Principal Place of Business <b>8473 Bay Colony Dr.</b> <small>Suite, Apt. #, etc.</small> <b>Unit 901</b>	3. Mailing Address <b>8473 Bay Colony Dr.</b> <small>Suite, Apt. #, etc.</small> <b>Unit 901</b>
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04262005 Chg-P CR2E034 (10/03)

City & State <b>Naples, FL 34108</b>	City & State <b>Naples, FL 34108</b>
Zip	Country

4. FEI Number <b>25-1215593</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CINDRICH, RONALD A SR.</b> <b>8473 BAY COLONY DR., UNIT #1803 #901</b> <b>NAPLES, FL 34108</b>	Name <b>Cindrich, Ronald A. Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8473 Bay Colony Dr., Unit 901</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34108</b>

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 *Ronald A. Cindrich Sr.* DATE *4/28/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CINDRICH, RONALD A SR.</b> <b>8473 BAY COLONY DR., UNIT #1803 #901</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>Cindrich, Ronald A. Sr.</b> <b>8473 Bay Colony Dr., Unit 901</b> <b>Naples, FL 34108</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CINDRICH, DARLENE J</b> <b>8473 BAY COLONY DR., UNIT #1803 #901</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Cindrich, Darlene J.</b> <b>8473 Bay Colony Dr., Unit 901</b> <b>Naples, FL 34108</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Ronald A. Cindrich Sr.* DATE *4/28/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD A. CINDRICH, SR.**