


2005 FOR PROFIT CORPORATION

FILED
Apr 18, 2005 08:00 AM
Secretary of State

P01000007950 1. Entity Name T.O.P.S. CHILD CARE OF NAPLES, INC.	
---	---

Principal Place of Business 1371 SHADOWLAWN DRIVE NAPLES, FL 34104	Mailing Address 1371 SHADOWLAWN DRIVE NAPLES, FL 34104
--	--



01292005

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

6. Name and Address of Current Registered Agent

WALCZUK, MICHAEL N
 174 PEBBLE SHORES DRIVE #104
 NAPLES, FL 34110

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution **\$5.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WALCZUK, MICHAEL N 174 PEBBLE SHORES DRIVE #104 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALCZUK, MICHAEL N 174 PEBBLE SHORES DRIVE #104 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

000000312182
 04/18/05-80071-015 150.00

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: *Michael N. Walczuk* Michael N. Walczuk 4-14-05 ^{WORK} 239 793 666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #