

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000007950**  
 1. Entity Name  
**T.O.P.S. CHILD CARE OF NAPLES, INC.**



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



**DO NOT WRITE IN THIS SPACE**

03152006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3698781**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

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	

**DO NOT WRITE IN THIS SPACE**

U00000514319  
 04/29/06-80164-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       Date: **4-13-06**      Daytime Phone #: **239 793 660**