2006 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name CUSTOMER FIRST, INC. OF NAPLES											000		
Principal Place of Business 28631 N DIESEL DR. UNIT #1 BONITA SPRINGS, FL 34135			2 U 8	Mailing Address 28631 N DIESEL DR. UNIT #1 BONITA SPRINGS, FL 34135									
2. Principal F 10940	Place of Busin O Harmo	ony Park Dr.	3.	3. Mailing Address 10940 Harmony Park Dr.									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04062006	Chg-P	CR2E	034 (11/05)		
Bonita Springs, FL				Bonita Springs, FL			_	4. FEI Numb 59-373			<u> </u>	pplied For ot Applicable	
34135 Country Lee				^{Zip} 34135	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
	8. Name	and Address of Currer	t Regis	itared Agent		7. Name and Address of New Registered Agent Name							
NAPLES-LAWDOCK, INC. 1395 PANTHER LANE						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 300 NAPLES, FL 34109						_							
						City		FL Zip Code					
the obligat	named entity tions of regist	y submits this statement ered agent.	for the p	ourpose of changing its	register	ed office or reç	gister	ed agent, or bo	th, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title	if applicable. (NOTE	: Registere	d Agent signature re	beriup	I when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						ncing	\$5. Add	.00 May Be ed to Fees				****	
10.	OFFICERS AND			CTORS			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Delete WEIDENMILLER, ROBERT E 28631 N DIESEL DR., UNIT 1 BONITA SPRINGS, FL 34135					ET AODRESS	We:	940 Harm	denmiller, Robert E. 40 Harmony Park Drive ita Springs, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	28631 N DIESEL DRIVE, UNIT 1					E ET ADDRESS	P Rot 109	thenberg, Jon 940 Harmony Park Drive nita Springs, FL 34135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			501	птей эрг	ings, re	07100	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addilion	
													
indicated of the cor	on this report on this report	e information supplied wi t or supplemental report le receiver or trustee em	ur (nis ti is true a cowered	iing does not quality to and accurate and that m d to execute this repetit	r the exe ny signat as requir	emptions conta ture shall have red by Chadte	ined the s r 607	i in Chapter 119 same legal effec ' Florida Statute	i, Florida Statute it as if made und stand that my n	s. I further ce ler oath; that I eme annears	rury that the in am an officer in Block 10 o	ntormation i or director r Block 11 if	