

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117044

FILED
Apr 29, 2005
Secretary of State

Entity Name: NAPLES ARCHITECTURAL PRECAST, INC.

Current Principal Place of Business:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Mailing Address:

FEI Number: 02-0563717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A ESQ
SIESKY, PILON & WOOD
1000 NORTH TAMiami TRAIL STE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL DUCA, DAWN T
Address: 2101 TARPON ROAD
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: OWENS, BENJAMIN L
Address: 3585 KENT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DEL DUCA, ANTHONY J
Address: 115 FLAME VINE DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN OWENS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date