

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000117044

1. Entity Name
NAPLES ARCHITECTURAL PRECAST, INC.



Principal Place of Business
5770 SHIRLEY STREET
NAPLES, FL 34109

Mailing Address
5770 SHIRLEY STREET
NAPLES, FL 34109



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0563717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	D
NAME	DEL DUCA, DAWN T
STREET ADDRESS	2101 TARPON ROAD
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	OWENS, BENJAMIN L
STREET ADDRESS	3585 KENT DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	DEL DUCA, ANTHONY J
STREET ADDRESS	115 FLAME VINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000540088
05/10/06-80003-016 158.75

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06
Date

839-566-1401
Daytime Phone #