


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90005 020 \*\*\*150.00

<b>DOCUMENT # P01000118430</b> 1. Entity Name <b>TRESORS OF NAPLES, INC.</b>					
Principal Place of Business <b>1200 5TH AVENUE SOUTH #101 NAPLES, FL 34102</b>			Mailing Address <b>1200 5TH AVENUE SOUTH #101 NAPLES, FL 34102</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>01-0559534</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PITKIN, JERALD R ESQ RE 801 ANCHOR RODE DRIVE SUITE 203 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>JAN DIXON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6260 BELLERIVE AVE #403</b> City <b>NAPLES</b> FL Zip Code <b>34119</b>	
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 <u><i>Jan Dixon</i></u> <b>Jan Dixon</b> <b>5/25/05</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DIXON, JAN L 1200 5TH AVENUE SOUTH, #101 NAPLES, FL 34102		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jan Dixon</i></u> <b>5/25/05</b> <b>Jan Dixon</b>					