


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90039 013 \*\*\*150.00

<b>DOCUMENT # P02000025389</b>	
1. Entity Name <b>NAPLES ALE HOUSE, INC.</b>	

Principal Place of Business <b>1046 PINE RIDGE RD NAPLES, FL 34108</b>	Mailing Address <b>NAPLES ALE HOUSE INC BUS. OFFICE 2220 J AND C BLVD 8 NAPLES, FL 34109</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>2220 J &amp; C Blvd.</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 8</b>	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State
Zip <b>34109</b>	Country <b>USA</b>



05012007 Chg-P CR2E034 (12/06)

4. FEI Number <b>81-0614330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SEYLER, RANDALL J 1046 PINE RIDGE RD. NAPLES, FL 34108</b>
--

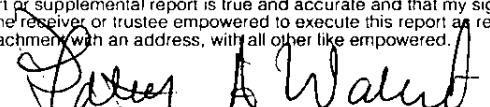
7. Name and Address of New Registered Agent Name <b>Randall J. Seyler</b> Street Address (P.O. Box Number is Not Acceptable) <b>2220 J &amp; C Blvd. # 8</b> City <b>Naples</b> FL Zip Code <b>34109</b>
--

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  DATE <b>4-30-07</b>
---

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATTY, WALBERT</b> <b>2159 HARLANS RUN</b> <b>NAPLES, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SEYLES, RANDY</b> <b>1046 PINE RIDGE RD.</b> <b>NAPLES, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2220 J &amp; C Blvd #8</b> <b>Naples, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Randy Seyler</b> <b>2220 J &amp; C Blvd #8</b> <b>Naples, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 	Date <b>4-30-07</b> Daytime Phone # <b>231-597-0742</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	