

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

06 JUN -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067737

1. Entity Name

NAPLES HOTEL MANAGEMENT, INC.



Principal Place of Business

2630 NORTHBROOKE PLAZA DR.
NAPLES FL 34119

Mailing Address

2630 NORTHBROOKE PLAZA DR.
NAPLES FL 34119



2. Principal Place of Business

3. Mailing Address

Bou-Sliman

Suite, Apt. #, etc.

Suite, **7569 Cordoba Circle**
Naples, FL 34109

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

04-3664012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, NEIL R ESQ.
850 PARKSHORE DR
-TRIANON CENTER 3RD FLOOR
NAPLES FL 34103

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BOU-SLIMAN, MICHAEL
STREET ADDRESS 2630 NORTHBROOKE PLAZA DR.
CITY-ST-ZIP NAPLES FL 34119

TITLE PD ☒ Change ☐ Addition
NAME **Michael Bou-Sliman**
STREET ADDRESS **7569 Cordoba Circle**
CITY-ST-ZIP **Naples, FL 34109**

TITLE D ☐ Delete
NAME BOU-SLIMAN, HAYLEY
STREET ADDRESS 2630 NORTHBROOKE PLAZA DR.
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☒ Change ☐ Addition
NAME **Hayley Bou-Sliman**
STREET ADDRESS **7569 Cordoba Circle**
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

MICHAEL G. BOU-SLIMAN

3-6-06 239.494.4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #