


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P02000123645</b>                                  |  |
| <b>1. Entity Name</b><br>THE THOMAS RILEY ARTISANS' GUILD, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>1510 RAILHEAD BOULEVARD<br>NAPLES, FL 34110 US | <b>Mailing Address</b><br>1510 RAILHEAD BOULEVARD<br>NAPLES, FL 34110 US |
|--|--|



03302006 No Chg-P CR2E034 (11/05)

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|  |   |
|--|---|
| <b>4. FEI Number</b><br>43-1980781   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>PAULICH, JOHN III<br>801 ANCHOR RODE DRIVE<br>SUITE 203<br>NAPLES, FL 34103 |
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ **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                            |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>RILEY, THOMAS S III<br>1510 RAILHEAD BOULEVARD<br>NAPLES, FL 34110 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>VECCHITTO, STEPHEN L<br>1510 RAILHEAD BOULEVARD<br>NAPLES, FL 34110  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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**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:**  **4/1/06 239 541 3203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #