


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90041 050 \*\*\*158.75

<b>DOCUMENT # P02000124398</b> 1. Entity Name <b>AC-NAPLES-MANAGER, INC.</b>					
Principal Place of Business <b>2606 SOUTH HORSESHOE DRIVE NAPLES, FL 34104</b>			Mailing Address <b>2606 SOUTH HORSESHOE DRIVE NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # <b>3520 KRAFT ROAD NAPLES, FL 34105</b>		3. Mailing Address <b>3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105</b>			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number <b>45-0493259</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRANT, RICHARD C PELICAN BAY CORPORATE CENTRE 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating) DATE _____					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEZESHKAN, F. FRED</b> <del>2606 SOUTH HORSESHOE DRIVE</del> <del>NAPLES, FL 34104</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3520 KRAFT ROAD</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MACIVOR, THOMAS A</b> <del>365 67TH AVE S., STE 204</del> <del>NAPLES, FL 34102</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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 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: <i>Thomas A. Macivor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/07 Date		(239) 434-0605 Daytime Phone #