

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135662 1. Entity Name JVC INVESTMENTS OF NAPLES INCORPORATED		
Principal Place of Business 6761 LIVINGSTON WOODS LANE NAPLES, FL 34109	Mailing Address LIVINGSTON WOODS LANE NAPLES, FL 34109	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 30-0147625		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CRACIUN, JOE 6781 LIVINGSTON WOODS LANE NAPLES, FL 34109		
DO NOT WRITE IN THIS SPACE		
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, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRACIUN, JOE 6761 LIVINGSTON WOODS LANE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRACIUN, VESNA 6761 LIVINGSTON WOODS LANE NAPLES, FL 34109	
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TITLE NAME STREET ADDRESS 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: <u>VESNA CRACIUN</u> 4/27/06 239-248-0625 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone		



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