

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90227 048 ***150.00

DOCUMENT # P03000022855 1. Entity Name NAPLES CONCIERGE, INC.					
Principal Place of Business 25150 BERNWOOD DRIVE SUITE 13 BONITA SPRINGS FL 34135-2603 US			Mailing Address 25150 BERNWOOD DRIVE SUITE 13 BONITA SPRINGS FL 34135-2603 US		
2. Principal Place of Business 3427 Enterprise Avenue Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34104		3. Mailing Address 3427 Enterprise Avenue Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34104		4. FEI Number 03-0506869	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAULDING, BRIAN T 2424 LONGBOAT DRIVE NAPLES FL 34104				7. Name and Address of New Registered Agent Name Brian Spaulding Street Address (P.O. Box Number is Not Acceptable) 3019 Ellice Way City Naples	
FL Zip Code 34119				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC <input type="checkbox"/> Delete NAME SPAULDING, BRIAN T STREET ADDRESS 2424 LONGBOAT DRIVE CITY-ST-ZIP NAPLES FL 34104	TITLE PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Brian Spaulding STREET ADDRESS 3019 Ellice Way CITY-ST-ZIP Naples, FL 34119				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Brian Spaulding** 4-18-05 (239) 947-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #