2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032132

1. Entity Name

NAPLES BAY LEASING CORPORATION

FILED Feb 08, 2007 08:00 A Secretary of State

Principal Place of Business

5881 SHIRLEY STREET

STE 1 NAPLES, FL 34109 Mailing Address

5881 SHIRLEY STREET

STE 1

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34109



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 86-1053092 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELDUCA, ANTHONY 5881 SHIRLEY STREET STE 1 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

STE 1 NAPLES, FL 34109			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					
SIGNATORE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered A	Opent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DELDUCA, ANTHONY 5881 SHIRLEY ST STE 1 NAPLES, FL 34109				U00000627236
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/15/07-80054-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			~	<u> </u>	
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. C. Land Cambae 1.17	, va	affer it in the	
STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with this file	ling does not qualify for the ever	notions co	ntained in Chapter 11	19. Florida Statutes. I further certify that the information
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

12. Thereby 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:

SIGNATURE AND TYPES OR PRINTED

Anthony Del Duca

2/2/07 2

239-566-1202

Daytime Prione #