

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000081623

1. Entity Name  
NAPLES PROPERTY GROUP, INC.



Principal Place of Business  
1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

Mailing Address  
1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0116353	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

STRANGE, J L  
1000 ARBOR LANE DR  
NAPLES, FL 34110

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	STRANGE, LELAND
STREET ADDRESS	4355 SHACKLEFORD RD
CITY- ST- ZIP	NORCROSS, GA

TITLE	DVPT
NAME	PETIT, PARKER
STREET ADDRESS	1850 PARKWAY PL
CITY- ST- ZIP	MARIETTA, GA

TITLE	S
NAME	RIZK, LISA
STREET ADDRESS	1000 ARBOR LAKE DR
CITY- ST- ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000765151  
05/31/07-80022-028 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #