## **FILED** 2007 FOR PROFIT CORPORATION Mar 19, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000122895** 1. Entity Name NAPLES ESTATE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 2188 TARPON ROAD 2188 TARPON ROAD NAPLES, FL 34102 NAPLES, FL 34102 03132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0351407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRON'-AUER, THOMAS A DO NOT WRITE 2188 TARPON RD. NAPLES, FL 34102 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CRONAUER, THOMAS A 2188 TARPON ROAD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000670185 03/27/07-80095-015 150.00

## DO NOT WRITE IN THIS SPACE

12. I hereby 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 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:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

ranaur SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR