

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90073 024 \*\*\*150.00

<b>DOCUMENT # P03000128242</b> 1. Entity Name <b>NAPLES HOME &amp; PROPERTY SERVICES, INC.</b>			
Principal Place of Business <b>205 SKIPPING STONE LANE NAPLES, FL 34119</b>		Mailing Address <b>205 SKIPPING STONE LANE NAPLES, FL 34119</b>	
2. Principal Place of Business <b>4195 3rd Ave NW</b> Suite, Apt. #, etc.		3. Mailing Address <b>4195 3rd Ave NW</b> Suite, Apt. #, etc.	
City & State <b>Naples, FL</b> Zip Country <b>34119 US</b>		City & State <b>Naples, FL</b> Zip Country <b>34119</b>	
4. FEI Number <b>20-0656317</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEBLANC, MICHAEL F 205 SKIPPING STONE LANE NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name <b>LEBLANC, MICHAEL F</b> Street Address (P.O. Box Number is Not Acceptable) <b>4195 3rd Ave NW</b> City <b>Naples</b> FL Zip Code <b>34119</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FAIETA, FABRIZIO</b> <b>194 BURNT PINE DR</b> <b>NAPLES, FL 34119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LEBLANC, MICHAEL F</b> <b>4195 3rd Ave NW</b> <b>NAPLES, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Michael LeBlanc</i> <b>Michael LeBlanc</b>		Date <b>2/27/06</b> Day/Line Phone # <b>(239) 353-3631</b>	