


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 001 ***150.00

DOCUMENT # P03000147185	
1. Entity Name ADVENTURES OF NAPLES, INC.	

Principal Place of Business 27499 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134	Mailing Address 27499 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134
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2. Principal Place of Business <i>27499 Riverview Ctr Blvd</i>	3. Mailing Address <i>27499 Riverview Ctr Blvd</i>
Suite, Apt. #, etc. <i>Suite 224</i>	Suite, Apt. #, etc. <i>Suite 224</i>
City & State <i>Bonita Springs, FL</i>	City & State <i>Bonita Springs, FL</i>
Zip <i>34134</i>	Country <i>USA</i>



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2333277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOMEI, ANTHONY 27499 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOMEI, ANTHONY 8350 ESTERO BLVD FT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEFANACCI, DENNIS 4471 BAY BEACH LANE #364 FT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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 _____

Date 4-26-06 Reg # 239-430-9777