## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # P03000154243 **FBC OF NAPLES CORPORATION** Principal Place of Business Mailing Address 3200 BAILEY LANE 3200 BAILEY LANE SUITE 117 SUITE 117 NAPLES, FL 34105 NAPLES, FL 34105 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0505939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVATT, JEFF M DO NOT WRITE 821 FIFTH AVENUE SOUTH SUITE 201 IN THIS SPACE NAPLES, FL 34102 3. 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, typed or printed name of registered agent and tille if applicable (NOTE, Registered Agent signature required when reinstalling) DATE <u>U00000608697</u> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/01/07-80020-017 150.**00** Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS THE NAME SHEPHERD, NICHOLAS J STREET ADDRESS 3200 BAILEY LANE, SUITE 117 CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trust a graph overed 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 a

SIGNATURE:

TITLE NAME STREET ADDRESS CMY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR