2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P03000155623

Entity Name: THE HADINGER COMPANY OF NAPLES

Current Principal Place of Business:

6401 NORTH AIRPORT RD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6401 NORTH AIRPORT RD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 80-0085726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHELLING, JEFFREY S
2240 TRADE GUTEN WY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

SCHELLING, JEFFREY S
2240 TRADE CENTER WAY
NAPLES, FL 34109 US

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.

SIGNATURE: 01/05/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: HADINGER, THOMAS
Address: 6401 NORTH AIRPORT RD.
City-St-Zip: NAPLES, FL 34109

Title: PSD ( ) Delete
Name: DEMARAIS, PAUL
Address: 6401 NORTH AIRPORT ROAD
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete
Name: DICKERSON, DENNIS
Address: 6401 NORTH AIRPORT ROAD
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete
Name: CONNOR, THOMAS
Address: 6401 NORTH AIRPORT RD.
City-St-Zip: NAPLES, FL 34109

Title: EVP ( ) Delete
Name: WILLIAMSON, DONALD
Address: 5401 N AIRPORT RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HADINGER DT 01/05/2007
Electronic Signature of Signing Officer or Director — Date