


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90524 048 \*\*\*150.00

**DOCUMENT # P04000048681**

1. Entity Name  
**NAPLES HARBOUR, INC.**



Principal Place of Business  
**300 SE 2ND STREET  
 FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 SE 2ND STREET  
 FORT LAUDERDALE, FL 33301**

**50045703**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**34-1988058**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JONES, PATRICIA                      300 SE 2ND STREET                      FORT LAUDERDALE, FL 33301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILES, TERRY W			NAME			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAGON, DOUGLAS P			NAME			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, PATRICIA			NAME			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOREK, DONNA			NAME	FERRERA, ROCCO		
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS	300 SE 2nd Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PALMER, STEPHEN R			NAME			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINE, JAMES W			NAME			
STREET ADDRESS	300 SE 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Terry W. Stiles Terry W. Stiles 4/20/05 954-627-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50045703  
#P04000048681

UNIFORM BUSINESS REPORT

10. CONTINUED

**TITLE:** V  
**NAME:** -O'SHEA, DENNIS F.  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301

**TITLE:** Assistant Secretary  
**NAME:** FLOREK, DONNA  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301