


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000048681</b>         |  |
| 1. Entity Name<br>NAPLES HARBOUR, INC. |   |


|   |   |
|---|---|
| Principal Place of Business<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 | Mailing Address<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

400000




01112008 Chg-P CR2E034 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>34-1988058 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>            | <b>7. Name and Address of New Registered Agent</b>   |
| JONES, PATRICIA<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 | Name<br>Robert Esposito<br>Street Address (P.O. Box Number is Not Acceptable)<br>Stiles Corporation<br>300 SE 2nd Street<br>City<br>Fort Lauderdale FL Zip Code<br>33301 |

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  Robert Esposito January 31, 2008  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STILES, TERRY W<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>EAGON, DOUGLAS P<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>JONES, PATRICIA<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VS<br>Esposito, Robert<br>300 SE 2nd Street<br>Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FERRERA, ROCCO<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PALMER, STEPHEN R<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>STINE, JAMES W<br>300 SE 2ND STREET<br>FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>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:  Terry W. Stiles January 31, 2008 954-627-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
40029889  
# P04000048681  
**UNIFORM BUSINESS REPORT**

**11. CONTINUED**

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

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