## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90345 044 \*\*\*150.00

1. Entity Name	MENT # P04000065 PLES, INC.	123				04-27-2005	90345 044	***15	0.00
Principal Place		Mailing Address				200400	ne H		
139 NAPA RIDGE WAY Naples, Fl. 34119		139 NAPA RIDGE WAY NAPLES, FL 34119			20048957				
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Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.  City & State							
					03082005	Chg-P	CR2E034 (10/03)		
City & State					4. FEI Number			<b>→</b>	plied For
Zip	Country	Zip	Country			77109 If Status Desired		.75 Add	
	6. Name and Address of Current	Registered Agent				Address of New R	Fee	Require	d
	4. Manua and Samings At Adulant	g-www gont	Name				-Siereien Wile		
FLITMAN, ERIK B 139 NAPA RIDGE WAY			Street	treet Address (P.O. Box Number is Not Acceptable)					
NAPLES, F	FL 34119			•		•			
	•		City				FL	Zip Code	9
	named entity submits this statement fo	r the purpose of changing its	registered office	or register	ed agent, or both	ı, in the State of Flo		iliar with.	and accept
			•						
the obligati	ons of registered agent.								
SIGNATURE_	ons of registered agent.  Signature, typed or printed name of repistered agent.	and title if applicable. (NOT	E: Registered Agent sign	ature required	when reinstating)		DATE	1100	
SIGNATURE	Signature, typed or printed name of registered agent in the second of th	9. Election Campa Trust Fund Conf	nign Financing tribution.	\$5.	00 May Be ed to Fees	NAME TO SEE			
SIGNATURE FILI After Ma	Signature: typed or printed name of registered agent agent.	9. Election Campa Trust Fund Cont	ign Financing tribution.	<b>\$5.</b> Adde	00 May Be ed to Fees	CHANGES TO OFF	ICERS AND DI		
SIGNATURE	Signature, typed or printed name of registered agent of the second of th	9. Election Campa Trust Fund Conf	nign Financing tribution.	\$5. Addd	00 May Be ed to Fees  ADDITIONS/C	CEO	ICERS AND DI	RECTORS	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oam; that I am an officer or director of the corporation or the receiver or trustee empowered the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR