

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126596

Entity Name: WE LOVE NAPLES REALTY, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

7136 LEMURIA CIR, 903
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

7136 LEMURIA CIR, 903
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-1232586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, LIANE
7136 LEMURIA CIR, 903
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

WAGNER, LIANE
2086 SEVILLA 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: LIANE WAGNER

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WAGNER, LIANE
Address: 2086 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: WAGNER, DONALD M
Address: 2086 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: STEFFAN, WALTER J
Address: 178 OAKWOOD CT.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: STEFFAN, VIOLA W
Address: 178 OAKWOOD CT.
City-St-Zip: NAPLES, FL 34110

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:

I hereby certify that the information supplied with this filing does not qualify 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: LIANE WAGNER

PS

04/20/2009

Electronic Signature of Signing Officer or Director

Date