


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90116 004 \*\*\*150.00

<b>DOCUMENT # P04000133779</b> 1. Entity Name AMS OF NAPLES, INC.			
Principal Place of Business <del>IMAGES OF PARK SHORES</del> 6060 GOLDEN GATE PKWY NAPLES, FL 34116 US		Mailing Address 6060 GOLDEN GATE PKWY NAPLES, FL 34116 US	
2. Principal Place of Business - No P.O. Box # <b>Planet Hair</b> Suite, Apt. #, etc. <b>2400 9th St. N</b> City & State <b>Naples, FL</b> Zip <b>34103</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
<b>6. Name and Address of Current Registered Agent</b> ROBBINS, PA, SUZANNE E 5282 CYPRESS LN <del>SUITE 3</del> NAPLES, FL 34113		<b>7. Name and Address of New Registered Agent</b> Name <b>Suzanne E. Robbins, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5282 Cypress Ln</b> City <b>Naples, FL</b> Zip Code <b>34113</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S SEARS, ALLISON M 6060 GOLDEN GATE PKWY NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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: <u>Allison Sears</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-13-07</u> <small>Daytime Phone #</small>	