

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171522

Entity Name: NAPLES FLORIDA IIGP, INC.

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, SUITE 1100  
ATTN: PETER HOLTON  
WEST PALM BEACH,, FL 33401 XX

## New Principal Place of Business:

## Current Mailing Address:

1813 SILAS DEANE HIGHWAY  
ATTN: JOHN POTVIN  
ROCKY HILL, CT 06067 XX

## New Mailing Address:

FEI Number: 20-2726312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FINGOLD, DAVID  
Address: 2295 BAYVIEW AVENUE  
City-St-Zip: TORONTO, ON M4N 3K8 CA

Title: S ( ) Delete  
Name: ROWLEY, BRIAN  
Address: 2295 BAYVIEW AVENUE  
City-St-Zip: TORONTO, ON M4N 3K8 CA

Title: TREA ( ) Delete  
Name: ROWLEY, BRIAN  
Address: 2295 BAYVIEW AVENUE  
City-St-Zip: TORONTO, ON M4N 3K8 CA

## 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:

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: DAVID FINGOLD

P

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date