

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160558

FILED
Apr 20, 2009
Secretary of State

Entity Name: NAPLES RESTORATION SERVICES, INC.

Current Principal Place of Business:

17050 ALICO COMMERCE COURT
UNIT 5
FORT MYERS, FL 33967 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111043
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 56-2555379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GEORGE E JR
100 2ND AVENUE SOUTH
SUITE 301
ST. PETERSBURG, FL 33701 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: PSTD () Delete
Name: GUNTHER, MARK
Address: P.O. BOX 111043
City-St-Zip: NAPLES, FL 34108 US

Title: VP () Delete
Name: ANDERSON, HEATHER
Address: P.O. BOX 111043
City-St-Zip: NAPLES, FL 34108 US

Title: VP () Delete
Name: FROST, JACK M
Address: P.O. BOX 111043
City-St-Zip: NAPLES, FL 34108 US

Title: VP () Delete
Name: COLAIACOMO, LOU
Address: P.O. BOX 111043
City-St-Zip: NAPLES, FL 34108 US

Title: VP () Delete
Name: DELAMARTER, JAMES
Address: P.O. BOX 111043
City-St-Zip: NAPLES, FL 34108 US

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:

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: HEATHER ANDERSON

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date