

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163261

FILED
Feb 04, 2006
Secretary of State

Entity Name: PRIDE COMPANY OF NAPLES, INC.

Current Principal Place of Business:

2496 AUGUSTA DR.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2496 AUGUSTA DR.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3946116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, DENNIS P. ESQ.
5801 PELICAN BAY BLVD., STE. 300
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP
NAPLES, FL 341082709 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: D () Delete
Name: LYON, MICHAEL D.
Address: 438 17 AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LYON, MATTHEW J.
Address: 66 CARR DR.
City-St-Zip: MORAGA, CA 94556

Title: D () Delete
Name: LYON, CHRISTOPHER J.
Address: 297 NEVADA ST.
City-St-Zip: REDWOOD CITY, CA 94062

Title: D () Delete
Name: MUNN, MICHELLE D.
Address: 6227 PALM DR.
City-St-Zip: CARMICHAEL, CA 95608

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 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: MICHAEL D. LYON

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02/04/2006

Electronic Signature of Signing Officer or Director

_____ Date