

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000019291

1. Entity Name
NAPLES TAX PROFESSIONALS, INC.



**FILED
Apr 05, 2007 8:00 am
Secretary of State**

03-26-2007 90052 028 ***150.00

Principal Place of Business
875 102ND AVENUE N
NAPLES, FL 34135 US

Mailing Address
875 102ND AVENUE N
NAPLES, FL 34135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOLAN, JOHN
875 102ND AVENUE N
NAPLES, FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

4. FEI Number
06-1810731

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME BOLAN, JOHN
STREET ADDRESS 875 102ND AVENUE N
CITY- ST- ZIP NAPLES, FL 34108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
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CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bolan 3/23/07 89-558-8901
Date Daytime Phone #