

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90185 025 ***150.00

DOCUMENT # P06000035465

1. Entity Name
D & D NAPLES INVESTMENTS, INC.



Principal Place of Business
**1300 THIRD STREET SOUTH
NAPLES, FL 34102**

Mailing Address
**C/O STUART J. HAFT, ESQ.
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480**

40060490



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

3. Mailing Address

1300 3rd St. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103C

City & State

City & State

Naples FL

Zip

Country

Zip

34102

Country

Collier

04032007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4466343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAFT, STUART J
C/O ALLEY MAASS ROGERS & LINDSAY, P.A.
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
WADE, DEBRA JEAN
344 HUNNER ROAD
PASADENA, MD 21122** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
WADE, DOROTHY ANN
344 HUNNER ROAD
PASADENA, MD 21122** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Debra J. Wade President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07

Date

**239-
262-8810**

Daytime Phone #