


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 025 ***150.00

DOCUMENT # P06000083747

1. Entity Name
 SHIPPING STATION OF NAPLES, INC.



Principal Place of Business Mailing Address

1817 PRINCESS COURT 1817 PRINCESS COURT
 NAPLES, FL 34110 NAPLES, FL 34110

2. Principal Place of Business, No P.O. Box # 3. Mailing Address

4755 TAMiami TRAIL N 1
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

NAPLES, FL 1

Zip Country Zip Country

34103 USA

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W ESQ
 3033 RIVIERA DRIVE
 SUITE 201
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name: DENNIS Di DONNA
 Street Address (P.O. Box Number is Not Acceptable):
 1817 Princess Court
 City: NAPLES State: FL Zip: 34110

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: *Dennis Di Donna* DENNIS Di DONNA DATE: March 24 2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating!)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIDONNA, DENNIS	NAME	
STREET ADDRESS	1817 PRINCESS COURT	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34110	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIDONNA, MILDRED	NAME	
STREET ADDRESS	1817 PRINCESS COURT	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34110	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 all other like empowered.

SIGNATURE: *Dennis Di Donna* DENNIS Di DONNA, Pres DATE: 03/24/07 Daytime Phone #: 239-596-9671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

