

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099242

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** ARCHITECTURAL STRUCTURES OF NAPLES, INC.

**Current Principal Place of Business:**

2338 IMMOKALEE RD  
STE 135  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

2338 IMMOKALEE RD  
STE 135  
NAPLES, FL 34110

**New Mailing Address:**

3661 WILD PINES DR.  
#A206  
BONITA SPRINGS, FL 34134

**FEI Number:** 20-5275417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORIFICE, PETER W  
2338 IMMOKALEE ROAD  
SUITE 135  
NAPLES, FL 34110 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: P  
Name: ORIFICE, PETER W  
Address: 3661 WILD PINES DR. #A206  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: PETER W. ORIFICE

PRES

04/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date