


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan'16, 2008 08:00 A
Secretary of State

DOCUMENT # P06000143529 1. Entity Name THE BEAD BOUTIQUE OF NAPLES, INC.	
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Principal Place of Business 4910 TAMiami TRAIL #11R NAPLES, FL 34103	Mailing Address 5020 BLAUVELT WAY #202 NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0611132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NETZOW, LEANNE V
5020 BLAUVELT WAY #202
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000785919 01/17/08-80020-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NETZOW, LEANNE V 5020 BLAUVEIT WAY #202 NAPLES, FL 34105
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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.14.08 **239-774-3466**
Date Daytime Phone #