

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90022 038 ***150.00

DOCUMENT # P07000030183

1. Entity Name
NAPLES CAPITAL ADVISORS, INC.



Principal Place of Business
**400 4TH AVENUE NORTH
NAPLES, FL 34102**

Mailing Address
**400 4TH AVENUE NORTH
NAPLES, FL 34102**

2. Principal Place of Business - No P.O. Box #
599 9th Street North

3. Mailing Address
599 9th Street North

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34102

Country
USA

Zip
34102

Country
USA

01142008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0626298

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

**MORRIS, MICHAEL H
400 4TH AVENUE NORTH
NAPLES, FL 34102**

Name

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

599 9th Street North, Suite 100

City

Naples

FL

Zip Code
34102

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

1/15/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORRIS, MICHAEL H
400 4TH AVENUE NORTH
NAPLES, FL 34102** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUDDETH, JOHN M JR
7818 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8142 Las Palmas Way
Naples, Florida 34109** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08
Date

239-963-2590
Daytime Phone #