

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 029 ***158.75

DOCUMENT # P93000047640

1. Entity Name
NAPLES DEVELOPMENT GROUP, INC.



Principal Place of Business
**1000 ARBOR LAKE DRIVE
NAPLES, FL 34110**

Mailing Address
**1000 ARBOR LAKE DRIVE
NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0419627	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

**STRANGE, J L
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	STRANGE, J. L.
STREET ADDRESS	4355 SHACKLEFORD RD
CITY-ST-ZIP	NORCROSS, GA

TITLE	DPT
NAME	PARKER, PETIT
STREET ADDRESS	1850 PARKWAY PLACE
CITY-ST-ZIP	MARIETTA, GA

TITLE	S
NAME	RIZK, LISA M
STREET ADDRESS	1000 ARBOR LAKE DRIVE
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa M Rizk Lisa M Rizk

1/12/06