

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088143

1. Entity Name
CS CORPORATION OF NAPLES, INC.



Principal Place of Business
**800 LAUREL OAK DR
STE 300
NAPLES, FL 34108 US**

Mailing Address
**800 LAUREL OAK DR
STE 300
NAPLES, FL 34108 US**



03222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0469895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES, FL 34108**

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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

**000000500695
04/25/06-80032-018 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHARPE, KEITH A
800 LAUREL OAK DR STE 300
NAPLES, FL 34108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GRIFFIN, GERALD F II
800 LAUREL OAK DR STE 300
NAPLES, FL 34108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
CORACE, RICHARD F
800 LAUREL OAK DR STE 300
NAPLES, FL 34108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 507, 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

DATE

Daytime Phone