


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000067103	
1. Entity Name NAPLES WATERSPORTS, INC.	

Principal Place of Business 550 PORT-O-CALL WAY NAPLES, FL 34102 US	Mailing Address 4710 7TH AVE NW NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0520527	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

GURGES, DIANA
3400 TAMIAMI TRAIL NORTH
#202
NAPLES, FL 33940

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS RODRIGUEZ, MARGARET 4710 7TH AVE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, RENE 4710 7TH AVE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REGRUT, KAREN 4710 7TH AVE NW NAPLES, FL 34119
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04/23/05-80039-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: René Rodriguez RENE RODRIGUEZ 4-21-2005 239 774-0479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #