


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 006 \*\*\*150.00

**DOCUMENT # P95000003030**

1. Entity Name  
 26 NORTH, INC.



Principal Place of Business  
 2860 COCO LAKES DR  
 NAPLES, FL 34105 US

Mailing Address  
~~4888 DAVIS BLVD~~  
~~#660~~  
~~NAPLES, FL 34104~~ US


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 2860 COCO LAKES DR  
 Suite, Apt. #, etc.

City & State  
 NAPLES FL

City & State  
 NAPLES FL

Zip Country  
 34105 COLLIER



01282007 Chg-P CR2E034 (12/06)

4. FEI Number  
 65-0546652

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

6. Name and Address of Current Registered Agent

WOLFE, DAVID L  
 28000 SPANISH WELL BLVD  
 STE 220  
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PFLUEGER, JOHN W	
STREET ADDRESS	<del>4888 DAVIS BLVD #660</del>	
CITY-ST-ZIP	<del>NAPLES, FL 34104</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFLUEGER, GERALDINE S	
STREET ADDRESS	<del>4888 DAVIS BLVD #660</del>	
CITY-ST-ZIP	<del>NAPLES, FL 34104</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2860 COCO LAKES DR.	
CITY-ST-ZIP	NAPLES, FL, 34105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2860 COCO LAKES DR.	
CITY-ST-ZIP	NAPLES FL, 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** John Pflueger - JOHN PFLUEGER 1-29-07 239-263-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #