

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

APR 25, 2006 08:00 AM
Secretary of State

'DEPT. OF STATE'

DOCUMENT # P95000045069

1. Entity Name
STICKS OF NAPLES, INC.



Principal Place of Business 3062 SANDPIPER BAY CIR. K304 NAPLES, FL 34112 US	Mailing Address 3062 SANDPIPER CIR. K304 NAPLES, FL 34112 US
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03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0589777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRAWFORD, DOUGLAS A
3062 SANDPIPER BAY CLUB K304
NAPLES, FL 34112

**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: *Douglas Crawford* DATE: *4-20-06*

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, DOUGLAS A 3062 SANDPIPER BAY CLUB K304 NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, EVELYN A 3062 SANDPIPER BAY CLUB K304 NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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05/06/06-80124-001 150.00

**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 all other fee empowered

SIGNATURE: *Douglas Crawford* DATE: *4-20-06* (239-793-3895)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR