

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000049835

FILED
Oct 14, 2008
Secretary of State

Entity Name: NEAPOLITAN HOMES & DESIGN, INC.

Current Principal Place of Business:

4581 7TH AVE SW
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4581 7TH AVE SW
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-0600428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENDRES, WALLACE H
4581 7TH AVE SW
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WALLACE H ENDRES,
Address: 4581 7TH AVE SW
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: JOHN ENDRES,
Address: 780 17TH STREET SW
City-St-Zip: NAPLES, FL 34117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GUEVARA, JAVIER VP
Address: 1974 45TH STREET SW
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE H ENDRES

PRES

10/14/2008

Electronic Signature of Signing Officer or Director

Date