2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000076802

Entity Name
NAPLES MHC, INC.

Principal Place of Business
765 WEST PALM CIRCLE
NAPLES, FL 34102

Mailing Address
GUALARIO, LICHT, ANDREWS & GALATI, P.A.
7400 TAMIAMI TRAIL N, # 101
NAPLES, FL 34108

01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0630557

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUALARIO, ANTHONY J
GUALARIO, LICHT, ANDREWS & GALATI, P.A.
7400 TAMIAMI TRAIL N, SUITE 100
NAPLES, FL 34108

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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, 2006 Fee will be $550.00

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

000000396906
01/30/06-80028-009 150.00

OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SCHWANBECK, KLAUS
STREET ADDRESS	7400 TAMIAMI TRAIL N, SUITE 101
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DVPT
NAME	SCHWANBECK, SABINE
STREET ADDRESS	7400 TAMIAMI TRAIL N, SUITE 101
CITY-ST-ZIP	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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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: _____ 1-16-2006 298-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #