
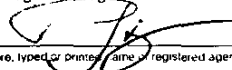



**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

4000000000

<b>DOCUMENT # P96000081374</b> 1. Entity Name <b>NAPLES MARINA SALES, INC.</b>		03-20-2007 90015 029 ***150.00																									
Principal Place of Business <b>11420 TAMiami TRAIL E. NAPLES, FL 34113</b>		Mailing Address <b>11420 TAMiami TRAIL E. NAPLES, FL 34113</b>																									
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																									
																											
		03082007      Chg-P      CR2E034 (12/06)																									
		4. FEI Number <b>59-3402123</b> <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>																									
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>JENIGEN, JAMES J 475 N RD NAPLES, FL 34104</b>		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name <b>PHILIPJ. JENTGEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>11420 TAMiami TRAIL EAST NAPLES, FL 34113</b> City      <b>NAPLES,</b>      <b>FL</b>      Zip Code      <b>34113</b></div>																									
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. <div style="display: flex; justify-content: space-between; align-items: center;"><div>SIGNATURE  <b>PHILIP J. JENTGEN / PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div style="text-align: right;"><b>3/8/07</b> <small>DATE</small></div></div> <div style="text-align: center; margin-top: 10px;"><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b></div>																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%;">D JENTGEN, JAMES J. 475 NORTH ROAD NAPLES, FL 34104      <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENTGEN, JAMES J. 475 NORTH ROAD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%;">D JENTGEN, JAMES J. 11420 Tamiami Trail EAST, Naples, FL President Jentgen, Philip J. 11420 Tamiami TRAIL East, Naples, FL      <input checked="" type="checkbox"/> Change      <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Change      <input checked="" type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Change      <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Change      <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Change      <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>       <input type="checkbox"/> Change      <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENTGEN, JAMES J. 11420 Tamiami Trail EAST, Naples, FL President Jentgen, Philip J. 11420 Tamiami TRAIL East, Naples, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENTGEN, JAMES J. 475 NORTH ROAD NAPLES, FL 34104 <input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENTGEN, JAMES J. 11420 Tamiami Trail EAST, Naples, FL President Jentgen, Philip J. 11420 Tamiami TRAIL East, Naples, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
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:  <b>PHILIP J. JENTGEN/President</b> <b>3/8/07</b> <b>239 643 0232</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																											