

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000084513 1. Entity Name NAPLES PEARLS, INC.	
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Principal Place of Business 4320 GULF SHORE BLVD. NORTH SUITE 209 NAPLES, FL 34103	Mailing Address 4320 GULF SHORE BLVD. NORTH SUITE 209 NAPLES, FL 34103
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04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0718082	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KANNENSOHN, JEFFREY S 5801 PELICAN BAY BLVD SUITE 300 NAPLES, FL 34103
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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.

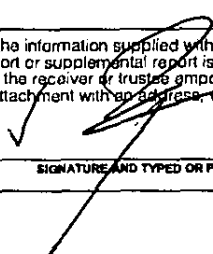
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

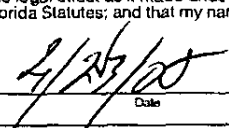
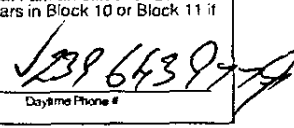
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000922275 05/15/08-80041-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MASTMEIER, R NICOLE 4320 GULF SHORE BLVD. NORTH STE 209 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TS MASTHMEIER, BERND R 4320 GULF SHORE BLVD. NORTH STE 209 NAPLES, FL 34103
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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 like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 
Date Daytime Phone #