


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90103 015 ***150.00

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| DOCUMENT # P97000043344 | |  | |
| 1. Entity Name HARBOR APARTMENTS OF NAPLES, INC. | | | |
| Principal Place of Business 2996 FRANCIS AVE NAPLES, FL 34112 US | | Mailing Address 2996 FRANCIS AVE NAPLES, FL 34112 US | |
| 2. Principal Place of Business 1044 CASTELLO DR Suite, Apt. #, etc. STE 106 | | 3. Mailing Address 1520 KY HWY 36E Suite, Apt. #, etc. | |
| City & State NAPLES FL | | City & State CYNTHIANA KY | |
| Zip 34103 | Country US | Zip 41031 | Country US |
| 4. FEI Number 59-3450141 | | 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 SHAW, JOHN WILLIAM 2580 ANDREW DR NAPLES, FL 34112 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 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: <i>John Shaw</i> | | DATE: 4/27/05 | |
| 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD VAUGHN, ESTILLE 1520 1520 KY. HWY 365 CYNTHIANA, KY 41031 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Estelle Vaughn</i> | | DATE: 4-29-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone # 859 285 0836 | |

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04262005 Chg-P CR2E034 (10/03)