
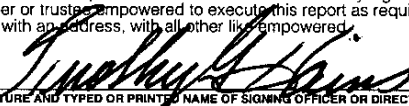


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 015 ***150.00

DOCUMENT # P97000071504					
1. Entity Name NAPLES-LAWDOCK, INC.					
Principal Place of Business 1395 PANTHER LANE #300 NAPLES, FL 34109		Mailing Address 1395 PANTHER LANE #300 NAPLES, FL 34109			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3473846	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOYLE, ROBERT E JR. 1395 PANTHER LANE #300 NAPLES, FL 34109			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ DATE _____ <small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	VP	<input type="checkbox"/> Delete		TITLE	VP
NAME	CARMICHAEL, KEVIN			NAME	Kubar, Susan
STREET ADDRESS	4501 TAMIA MI TR N, STE 300 1395 Panther Ln #300			STREET ADDRESS	1395 Panther Lane, #300
CITY-ST-ZIP	NAPLES, FL 34109 34109			CITY-ST-ZIP	Naples, FL 34109
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP
NAME	DOYLE, ROBERT E JR			NAME	Kevin R. Lottes
STREET ADDRESS	4501 TAMIA MI TR N, STE 300 1395 Panther Ln.			STREET ADDRESS	1395 Panther Lane, #300
CITY-ST-ZIP	NAPLES, FL 34109 34109			CITY-ST-ZIP	Naples, FL 34109
TITLE	T	<input type="checkbox"/> Delete		TITLE	VP
NAME	HUMPREVILLE, JOHN D			NAME	David L. Petersen
STREET ADDRESS	4501 TAMIA MI TR N, STE 300 1395 Panther Ln.			STREET ADDRESS	1395 Panther Lane, #300
CITY-ST-ZIP	NAPLES, FL 34109 34109			CITY-ST-ZIP	Naples, FL 34109
TITLE	P	<input type="checkbox"/> Delete		TITLE	VP
NAME	HAINS, TIMOTHY G			NAME	Thomas E. Maloney
STREET ADDRESS	4501 TAMIA MI TR N, STE 300 1395 Panther Ln.			STREET ADDRESS	1395 Panther Lane, #300
CITY-ST-ZIP	NAPLES, FL 34109 34109			CITY-ST-ZIP	Naples, FL 34109
TITLE	S	<input type="checkbox"/> Delete		TITLE	VP
NAME	JOHNSON, KIMBERLY LEACH			NAME	Ned R. Nashban
STREET ADDRESS	4501 TAMIA MI TR N, STE 300 1395 Panther Ln.			STREET ADDRESS	1900 Glades Road, #355
CITY-ST-ZIP	NAPLES, FL 34109 34109			CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	VP
NAME	HAINS, TIMOTHY G			NAME	Mark H. Muller
STREET ADDRESS	4501 TAMIA MI TR N, STE 300			STREET ADDRESS	1395 Panther Lane, #300
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	Naples, FL 34109
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: 		Date: 1/18/05		Daytime Phone #: 239-434-4925	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					