

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90418 042 ***150.00

DOCUMENT # P98000047706

1. Entity Name
MCC MANAGEMENT OF NAPLES, INC.



Principal Place of Business
**3001 TAMIAMI TRAIL NORTH
 SUITE 207
 NAPLES, FL 34103**

Mailing Address
**3001 TAMIAMI TRAIL NORTH
 SUITE 207
 NAPLES, FL 34103**

40089533



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3516288

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERKOVICH, JOSEPH I
 3001 TAMIAMI TRAIL NORTH
 SUITE 207
 NAPLES, FL 34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **COLLIER, MILES C**
 STREET ADDRESS **3001 TAMIAMI TRAIL N., SUITE 207**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **DC** Change Addition
 NAME **Collier, Miles C.**
 STREET ADDRESS **3001 Tamiami Trail N, Ste 207**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **V** Delete
 NAME **FLOOD, THOMAS J**
 STREET ADDRESS **3003 TAMIAMI TRAIL N., SUITE 400**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** Delete
 NAME **PERKOVICH, JOSEPH I**
 STREET ADDRESS **3001 TAMIAMI TRAIL N., SUITE 207**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **DPVS** Change Addition
 NAME **Perkovich, Joseph I.**
 STREET ADDRESS **3001 Tamiami Trail N, Ste 207**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **TAS** Delete
 NAME **WALKER, SANDRA D**
 STREET ADDRESS **3001 TAMIAMI TR. N., STE 207**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AV** Delete
 NAME **THOMAS, WILLIAM**
 STREET ADDRESS **3001 TAMIAMI TRAIL N., STE. 207**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

[Handwritten Signature] **Per** 4/16/07 239-435-1122