## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000056615

City-St-Zip:

LINCOLN WOOD, IL 60646

FILED Mar 17, 2004 Secretary of State

Entity Name: NAPLES PLACE 1, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
C/O HENR	NTERS RIDGE Y HOLZKAMPE PRINGS, FL 34	ER			
Current Mailing Address:			New Mailing Address:		
C/O HENR	NTERS RIDGE Y HOLZKAMPE PRINGS, FL 34	ER .			
FEI Number:	36-3695447	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
12795 HUN BONITA SI		1135	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I KORNYLAK, WIL 13110 TRAVIS V AUSTIN, TX 787	IEW LOOP	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () I KORYNLAK, DEI 13110 TRAVIS V AUSTIN, TX 787	IEW LOOP	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SD () I HEPNER, BRUC 6923 N. KOLMAF		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRUCE HEPNER SD 03/17/2004