2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P98000056615

Entity Name: NAPLES PLACE 1, INC.

Current Principal Place of Business:

6435 HIGHCROFT DRIVE
C/O HENRY HOLZKAMPER
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6435 HIGHCROFT DRIVE
C/O HENRY HOLZKAMPER
NAPLES, FL 34119

New Mailing Address:

FEI Number: 36-3695447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KORNYLAK, WILLIAM J
Address: 13110 TRAVIS VIEW LOOP
City-St-Zip: AUSTIN, TX 78732

Title: TD (X) Delete
Name: KORYNLAK, DENISE
Address: 13110 TRAVIS VIEW LOOP
City-St-Zip: AUSTIN, TX 78732

Title: SD ( ) Delete
Name: HEPNER, BRUCE J
Address: 6923 N. KOLMAR AVE
City-St-Zip: LINCOLN WOOD, IL 60646

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition
Name: HENRY, HOLZKAMPER
Address: 6435 HIGHCROFT DR.
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HEPNER, BRUCE J
Address: 6435 HIGHCROFT DR.
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Change (X) Addition
Name: JAN, MOORE
Address: 6435 HIGHCROFT DR.
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: HENRY HOLZKAMPER MGR. 04/17/2009
Electronic Signature of Signing Officer or Director — Date