

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000056912\*

1. Entity Name

ARCHITECTURAL FINISHES OF NAPLES, INC.



**FILED  
Apr 16, 2007 8:00 am  
Secretary of State**

04-16-2007 90035 002 \*\*\*150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business  
6081 GOLDEN OAKS LN  
NAPLES FL 34119  
US

Mailing Address  
6081 GOLDEN OAKS LN  
NAPLES FL 34119  
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDREOUAKIS, CHRIS  
6081 GOLDEN OAKS LN  
NAPLES FL 34119

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  
Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

TITLE: P  
NAME: ANDREOUAKIS, CHRIS  
STREET ADDRESS: 6081 18TH AVE NW  
CITY: ST: ZIP: NAPLES FL 34119

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY: ST: ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 07

Date

Daytime Phone #