


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 002 ***150.00

DOCUMENT # P98000104485

1. Entity Name
PC NAPLES, INC.



Principal Place of Business Mailing Address
3200 TAMiami TRAIL N SUITE 200 **3200 TAMiami TRAIL N SUITE 200**
NAPLES, FL 34103 **NAPLES, FL 34103**

40055749



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3552980 Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD Delete
 NAME **FERRAO, AUBREY J**
 STREET ADDRESS **3470 CLUB CENTER BLVD**
 CITY-ST-ZIP **NAPLES, FL 34114**

TITLE Change Addition
 NAME **8156 Fiddler's Creek Parkway**
 STREET ADDRESS **Naples, FL 34114**
 CITY-ST-ZIP

TITLE SD Delete
 NAME **WOODWARD, MARK J**
 STREET ADDRESS **3200 TAMiami TRAIL N SUITE 200**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE Change Addition
 NAME **8156 Fiddler's Creek Parkway**
 STREET ADDRESS **Naples, FL 34114**
 CITY-ST-ZIP

TITLE VPD Delete
 NAME **PARISI, JOSEPH L**
 STREET ADDRESS **3470 CLUB CENTER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34114**

TITLE Change Addition
 NAME **8156 Fiddler's Creek Parkway**
 STREET ADDRESS **Naples, FL 34114**
 CITY-ST-ZIP

TITLE TD Delete
 NAME **DINARDO, ANTHONY**
 STREET ADDRESS **3470 CLUB CENTER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34114**

TITLE Change Addition
 NAME **8156 Fiddler's Creek Parkway**
 STREET ADDRESS **Naples, FL 34114**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____ Date (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Joseph Livio Parisi