

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017583

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: NAPLES PLACE 2, INC.

## Current Principal Place of Business:

C/O HENRY HOLZKAMPER  
12795 MAIDEN CANE LANE  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

C/O HENRY HOLZKAMPER  
12795 MAIDEN CANE LANE  
BONITA SPRINGS, FL 34135 US

## New Principal Place of Business:

C/O HENRY HOLZKAMPER  
12795 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135 US

## New Mailing Address:

C/O HENRY HOLZKAMPER  
12795 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3566203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY  
12795 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135 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: DS ( ) Delete  
Name: HEPNER, BRUCE  
Address: 6923 N KOLMER AVE.  
City-St-Zip: LINCOLNWOOD, IL 60646

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

Title: DT ( ) Delete  
Name: KORNYLAK, DENISE M  
Address: 13110 TRAVIS VIEW LOOP  
City-St-Zip: AUSTIN, TX 78732

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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.

SIGNATURE: HH

MGR

03/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date