

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000031652

1. Entity Name
NAPLES SEASIDE, INC.



Principal Place of Business

3431 PINE RIDGE RD.
SUITE 101
NAPLES, FL 34109

Mailing Address

3431 PINE RIDGE RD.
SUITE 101
NAPLES, FL 34109



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3586510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, JOHN P
3431 PINE RIDGE ROAD., STE 101
NAPLES, FL 34109

DO NOT WRITE
IN THIS SPACE

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EBAN, MARK V
STREET ADDRESS 94 HAMILTON TERRACE
CITY- ST- ZIP LONDON, ENGLAND NW89VR,

TITLE D
NAME GLICK, ROXANE OLIVIA S
STREET ADDRESS 23 HAMILTON TERRACE
CITY- ST- ZIP LONDON, ENGLAND NW89RE,

TITLE VP
NAME WHITE, JOHN P
STREET ADDRESS 3431 PINE RIDGE RD., STE 101
CITY- ST- ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05