

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000080905

1. Entity Name
NAPLES HOTEL COMPANY



**FILED
Apr 18, 2006 8:00 am
Secretary of State**

04-18-2006 90083 038 ***150.00

Principal Place of Business
2555 NORTH TAMAMI TRAIL
NAPLES, FL 34103

Mailing Address
2555 NORTH TAMAMI TRAIL
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3600844	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINUNZIO, JOSEPH N
249 SAINT ANDREWS BLVD
NAPLES, FL 34113

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DINUNZIO, JOSEPH N
STREET ADDRESS 249 ST ANDREWS BLVD
CITY-ST-ZIP NAPLES, FL 34113

TITLE V
NAME LARCOMB, TOM
STREET ADDRESS 2555 NORTH TAMAMI TRAIL
CITY-ST-ZIP NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 229 261-6046

Date

Daytime Phone #