

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080905

Entity Name: NAPLES HOTEL COMPANY

FILED  
Mar 17, 2008  
Secretary of State

**Current Principal Place of Business:**

2555 NORTH TAMiami TRAIL  
NAPLES, FL 34103

**New Principal Place of Business:**

2555 NORTH TAMiami TRAIL  
NAPLES, FL 341034408

**Current Mailing Address:**

2555 NORTH TAMiami TRAIL  
NAPLES, FL 34103

**New Mailing Address:**

2555 NORTH TAMiami TRAIL  
NAPLES, FL 341034408

FEI Number: 59-3600844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DINUNZIO, JOSEPH N  
249 ST ANDREWS BLVD  
NAPLES, FL 34113 US

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:

03/17/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DINUNZIO, JOSEPH N  
Address: 249 ST ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113

Title: V ( ) Delete  
Name: LARCOMB, TOM  
Address: 2555 NORTH TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DINUNZIO, JOSEPH N  
Address: 249 ST ANDREWS BLVD  
City-St-Zip: NAPLES, FL 34113 US

Title: V (X) Change ( ) Addition  
Name: LARCOMB, TOM  
Address: 2555 NORTH TAMiami TRAIL  
City-St-Zip: NAPLES, FL 341034408 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH N. DINUNZIO

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date