


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 025 ***158.75

DOCUMENT # P99000081979 1. Entity Name FIFTH AVENUE OF NAPLES, INC.					
Principal Place of Business 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103			Mailing Address 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # c/o David G Budd		3. Mailing Address c/o David G Budd			
Suite, Apt. #, etc. 5551 Ridgewood Dr., #501		Suite, Apt. #, etc. 5551 Ridgewood Dr., #501			
City & State Naples, Florida		City & State Naples, Florida			
Zip 34108	Country USA	Zip 34108	Country USA	4. FEI Number 59-3598823	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHELDON W. STARMAN 4099 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH STE 400 NAPLES, FL 34103 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS BUDD, DAVID G 3033 RIVIERA DR STE 201 NAPLES, FL 34103 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 5551 Ridgewood Dr., #501 Naples, Florida 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTEROV, RISTE 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 5551 Ridgewood Dr., #501 Naples, Florida 34108	
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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: <u>David G Budd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-08 239-514-1000 <small>Date Daytime Phone #</small>		

DAVID G BUDD, ASSISTANT SECRETARY