


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 022 \*\*\*150.00

DOCUMENT # P99000097934					
1. Entity Name TARPEN NAPLES, INC.					
Principal Place of Business 8995 LELY ISLAND CIRCLE NAPLES, FL 34113			Mailing Address 8995 LELY ISLAND CIRCLE NAPLES, FL 34113		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3610811	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINCENT, NORMA 3003 TAMiami TRAIL N NAPLES, FL 34103			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	RAMCKE, HUBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		8995 LELY ISLAND CIRCLE		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34113		CITY-ST-ZIP	
TITLE	VP	RAMCKE, MARGRIT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		8995 LELY ISLAND CIRCLE		STREET ADDRESS	
CITY-ST-ZIP		NAPLES, FL 34113		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>KAREN RINGELIN</b>
STREET ADDRESS				STREET ADDRESS	<b>8995 LELY ISLAND CIRCLE</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>NAPLES, FL 34113</b>
TITLE			<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>GUNDA LANGE</b>
STREET ADDRESS				STREET ADDRESS	<b>8995 LELY ISLAND CIRCLE</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>NAPLES, FL 34113</b>
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>X</i> <i>Ramcke</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4-27-06</b> Daytime Phone #: <b>394-8774</b>	
<b>HUBERT RAMCKE</b>					