## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000105501

City-St-Zip:

NAPLES, FL 34110

FILED Apr 14, 2009 Secretary of State

Entity Nan	ne: NAPLES (	COMPUTERS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2308 IMMO NAPLES, F	KALEE ROAD L 34110				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2308 IMMO NAPLES, F	KALEE ROAD L 34110				
FEI Number:	59-3612509	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SIESKY, JAMES H SIESKY, PILON & WOOD 1000 N TAMIAMI TRAIL, STE 201 NAPLES, FL 34102 US				SCALOGNA, GREGORY L 2308 IMMOKALEE RD. NAPLES, FL 34110 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: GREGORY L. SCALOGNA				04/14/2009	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SCALOGNA, JO 6031 WAXMYR <sup>T</sup> NAPLES, FL 34	TLE WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SCALOGNA, PH 6031 WAXMYR <sup>T</sup> NAPLES, FL 34	TLE WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () SCALOGNA, GR 173 WILLOUGH		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: GREGORY L. SCALOGNA D 04/14/2009