

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 025 ***150.00

DOCUMENT # P99000111078

1. Entity Name *

NAPLES' NATURAL GAS COMPANY



Principal Place of Business

P.O. BOX 8025
NAPLES FL 34101

Mailing Address

P.O. BOX 8025
NAPLES FL 34101



2. Principal Place of Business

PO Box 111045
10093 Boca Circle

3. Mailing Address

PO Box 111045
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Naples, FL 34108

City & State

Naples, FL 34108

4. FEI Number

65-0971236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H
1000 N. TAMiami TRAIL
SUITE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: Michael M. Furtado
Street Address (P.O. Box Number is Not Acceptable):
10093 Boca Circle
City: Naples FL Zip Code: 34109

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

4-19-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: FURTADO, MICHAEL
STREET ADDRESS: P.O. BOX 8025
CITY-ST-ZIP: NAPLES FL 34101 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Michael M. Furtado
STREET ADDRESS: 10093 Boca Circle
CITY-ST-ZIP: Naples, FL 34109 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael M. Furtado

4-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #