## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09756

Entity Name: SPECIALTY SERVICES OF NAPLES, INC.

**FILED** Mar 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5890 CEDAR TREE LANE P.O. BOX 3336

NAPLES, FL 34116 US BONITA SPRINGS, FL 34133 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 3336 5890 CEDAR TREE LANE

NAPLES, FL 34116 BONITA SPRINGS, FL 34133 US

FEI Number: 59-1822711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FUHRMANN, RICHARD R 5890 CEDAR TREE LANE

P.O. BOX 3336 BONITA SPRINGS, FL 34133 US

NAPLES, FL 34116

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.

FUHRMANN, RICHARD R

SIGNATURE: 03/22/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

FUHRMANN, RICHARD R. FUHRMANN, RICHARD R Name: Name: Address: P.O. BOX 3336

5890 CEDAR TREE LANE Address:

City-St-Zip: NAPLES, FL 34116 City-St-Zip: BONITA SPRINGS, FL 34133

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

Ρ SIGNATURE: RICHARD R. FUHRMANN 03/22/2005