2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changes, or on an att

SIGNATURE:

FILED Feb 11, 2008 08:00 AM Secretary of State DOCUMENT # V10326 WINTER BEACH-NAPLES INVESTMENTS, INC. Principal Place of Business Mailing Address 2922 CARDINAL DRIVE VERO BEACH FL 32963 2922 CARDINAL DRIVE VERO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0308187 Not Applicable Ζıp Country Qountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHAUB, RICHARD G JR. Street Address (P.O. Box Number is Not Acceptable) 2922 CARDINAL DRIVE VERO BEACH FL 32963 FI 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. Lam familiar with land accept the obligations of registered agent. SIGNATURE Signature, ruped or printed Hanne of regular nod agent until the it applicable. fNOTE. Registered Against globilum required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be 5550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition III. E ☐ Derete TITLE SCHAUB, RICHARD G., JR. NAME NAME STREET ADDRESS 2922 CARDINAL DR STREET ADDRESS *U0000082*3909 VERO BEACH FL CITY-ST-ZIP CITY - ST- ZIP 02/20/03-80056-024-1511100 🗆 Addition TITLE ☐ Derete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Addition ☐ Delete 310 Change MONTH. STREET ADDRESS STREET ADDRESS CITY-CT-ZIP CITY-ST-ZIP ☐ Change Addition 10116 ☐ Delete TITLE MAIN STREET ADDRESS SZIRCOA FIBRIZ 011Y-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS 007-01-78 CITY-ST ZIP De-ete THLE ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exercitions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is five and accurate and that my signature shall have the same logal effect as if made under oath; that I nm an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

G OFFICER OR DIRECTOR