2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90034 047 ***150.00

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1. Entity Name
THE BLUE HERON OF ISLES OF CAPRI, INC.

Principal Place of Business	Mailing Address
387 CAPRI BLVD. NAPLES FL 34113	534 ST ANDREWS BLVD NAPLES FL 34113

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0349582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADKINS-SLITER, NORVELLA P 534 ST. ANDREWS BLVD NAPLES FL 34113	Name ADKINS-NORVELLA P. Street Address (P.O. Box Number is Not Acceptable) City **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 Norvella Patricia Adkins NORVELLA P. ADKINS 1/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADKINS-SLITER, NORVELLA P 387 CAPRI BLVD. NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition ADKINS-NORVELLA P. 534 St. ANDREWS BLVD. name address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ADKINS-SLITER, NORVELLA P 534 ST. ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition ADKINS-NORVELLA P. name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ADKINS-SLITER, NORVELLA P 534 ST ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ADKINS-NORVELLA P. name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE P TIFFANY B. PRIVETT 534St. ANDREWS BLVD Naples Fla 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE P TIFFANY B. PRIVETT 534 ST ANDREWS BLVD Naples Fla 34113 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson JOHNATHAN NICHLAS ADAMS 534 St. ANDREWS BLVD Naples Fla 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JOHNATHAN NICHOLAS ADAMS 534 St. ANDREWS BLVD Naples Fla 34113 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Norvella P. Adkins Thank You! 01/28/08 239 732-8902 239 394-6248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #