

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003148

**Entity Name:** YP OF NAPLES, INC.

**Current Principal Place of Business:**

PMB #2  
PO BOX 413005  
NAPLES, FL 34101-3005

**Current Mailing Address:**

PMB #2  
PO BOX 413005  
NAPLES, FL 34101-3005 US

**FEI Number:** 20-0440610

**Certificate of Status Desired:** No

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

SALVATORE AND WOOD  
9132 STRADA  
4TH FLOOR  
NAPLES, FL 34108 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	FORBIS, NICOLE	Name	COREY, WALKER
Address	PMB #2 PO BOX 413005	Address	PMB #2 PO BOX 413005
City-State-Zip:	NAPLES FL 34101-3005	City-State-Zip:	NAPLES FL 34101-3005

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** COREY WALKER

**VICE PRESIDENT**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date