


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 021 ***150.00

DOCUMENT # F98000001273
 1. Entity Name
BAYSHORE OF NAPLES, INC.



Principal Place of Business
**4500 BAYSHORE DRIVE
 NAPLES, FL 34112**

Mailing Address
**1720 N KINSER PIKE
 BLOOMINGTON, IN 47404**

50012867

2. Principal Place of Business
 Suite, Apt. #, etc.
**400 W. 7th Street
 Suite 200**

3. Mailing Address
 Suite, Apt. #, etc.
**400 W. 7th Street
 Suite 200**

City & State
Bloomington, IN

Zip
47404



01172005 Chg-P CR2E034 (10/03)

4. FEI Number
35-2039271

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DVORAK, PETER
 497 HENLEY DR
 NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | PD DVORAK, PETER 1720 N. KINSER PIKE BLOOMINGTON, IN <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Dvorak, Peter 400 W. 7th Street, Suite 200 Bloomington, IN 47404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MITCHELL, TIM J 1720 N KINSER PIKE BLOOMINGTON, IN <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD McCarty, Stephen 1817 Kolff St. Newport, MN 55055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENDER, JOHN W 1720 N KINSER PIKE BLOOMINGTON, IN <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Peter Dvorak, President** 1/18/04 (812) 331-2400
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #