


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005829**

1. Entity Name  
**MITCHELL-PECK NAPLES, INC.**



Principal Place of Business      Mailing Address

**806 WELSH RD.**      **806 WELSH RD.**  
**HUNTINGTON VALLEY, PA 19006**      **HUNTINGTON VALLEY, PA 19006**

**DO NOT WRITE IN THIS SPACE**



01312004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**55-0794264**      Not Applic

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

6. Name and Address of Current Registered Agent

**MITCHELL, KATHLEEN**  
**1144 THIRD STREET SOUTH**  
**NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

U0000003789  
 02/05/04-80057-019 150.00

10. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | CDPT                 |
| NAME            | MITCHELL, KATHLEEN   |
| STREET ADDRESS  | 2043 SUSQUEHANNA RD. |
| CITY - ST - ZIP | ABINGTON, PA 19001   |
| TITLE           | VCDV                 |
| NAME            | PECK, PHILIP         |
| STREET ADDRESS  | 2043 SUSQUEHANNA RD. |
| CITY - ST - ZIP | ABINGTON, PA 19001   |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Kathleen Mitchell, Pres.*      1/21/04