

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 90495 040 ***150.00

DOCUMENT # L59749

1. Entity Name
F-D ENTERPRISES OF NAPLES, INC.



Principal Place of Business
**5900 TAYLOR RD
 NAPLES, FL 34109-1833 US**

Mailing Address
**5900 TAYLOR RD
 NAPLES, FL 33942**

66422664



DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0187263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FENTON, ROBERT F. CORPORATE REG AGENT LLC
5900 TAYLOR ROAD NAPLES, FL 33942
801 ANCHOR RD DR
Naples, FL #203 34103

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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 *[Signature]* **PRS.** DATE **5/13/04**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, THOMAS F. 25231 LUCI DR BONITA SPRGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAFATA, PAUL 562 108TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FENTON, ROBERT F. 5940 SONOMA CT. NAPLES, FL
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *[Signature]* **ROBERT FEATON** **3-9-04** **239-597-6485**
Signature and typed or printed name of signing officer or director Date Daytime Phone #