

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002617

FILED
Jan 14, 2004
Secretary of State

Entity Name: SOUTHERN EXPOSURE OF NAPLES, INC.

Current Principal Place of Business:

P. O. BOX 990192
NAPLES, FL 33999 US

New Principal Place of Business:

P. O. BOX 990192
NAPLES, FL 34116 US

Current Mailing Address:

P. O. BOX 990192
NAPLES, FL 33999 US

New Mailing Address:

P. O. BOX 990192
NAPLES, FL 34116 US

FEI Number: 65-0417098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEWART & STORTER ATTORNEYS AT LAW
2121 COUNTY ROAD 951
SUITE 101
GOLDEN GATE, FL 33999 US

Name and Address of New Registered Agent:

STEWART & STORTER ATTORNEYS AT LAW
2121 COUNTY ROAD 951
SUITE 101
GOLDEN GATE, FL 34116 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: _____ 01/14/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEISER, JAMES K
Address: P.O. BOX 990023 N/A
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: HARPIN, GIL
Address: 555 CAPE FLORIDA LN
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: MORGAN, KAREN
Address: 128 DRIFTWOOD LN
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES K KEISER PD 01/14/2004
Electronic Signature of Signing Officer or Director Date