2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004530

NAPLES, FL 34103

City-St-Zip:

FILED Apr 15, 2004 Secretary of State

Entity Name: COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC.

Current Principal Place of Business: New Principal Place of Business: 3620 TAMIAMI TRAIL NORTH NAPLES, FL 341033724 US **Current Mailing Address: New Mailing Address:** 3620 TAMIAMI TRAIL NORTH NAPLES, FL 341033724 US FEI Number: 59-0688292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, JAY 3620 N. TAMIAMI TRAIL NAPLES, FL 34103 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BUDD, RUSSELL MORTON, EDWARD A Name: Name: 3620 N. TAMIAMI TRAIL Address: 3620 N. TAMIAMI TRAIL Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: Title: (X) Change () Addition () Delete Name: MORTON, ED Name: FRIDKIN, JEFFREY D Address: 3620 N TAMIAMI TRAIL Address: 3620 N TAMIAMI TRAIL City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: (X) Change () Addition DIAZ, FERMIN A HUESTON, C J Name: Name: 3620 N TAMIAMI TRAIL Address: Address: 3620 N TAMIAMI TRAIL City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: D (X) Change () Addition Name: WESTON, DAVE Name: GOETZ, ELLIN 3620 N TAMIAMI TRAIL Address: Address: 3620 N TAMIAMI TRAIL City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: (X) Change () Addition HUESTON, C J BUDD, RUSSELL A Name: Name: 3620 N TAMIAMI TRAIL 3620 N TAMIAMI TRAIL Address: Address:

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.

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NAPLES, FL 34103

SIGNATURE: RUSSELL A. BUDD D 04/15/2004