2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90115 007 ***150.00

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1. Entity Name
ANTARAMIAN DEVELOPMENT CORPORATION OF NAPLES

Principal Place of Business	Mailing Address
365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102	365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	367 WEST MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NORTHBOROUGH, MA
Zip / Country	Zip 01532 / Country USA

4. FEI Number 65-1057688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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	PVTD ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JACK ANTARAMIAN 4/28/05 508-393-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #