


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000085971
1. Entity Name
PATIO PEOPLE OF NAPLES, INC.



Principal Place of Business 4562 TAMiami TRAIL N NAPLES, FL 34103	Mailing Address 4562 TAMiami TRAIL N NAPLES, FL 34103
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02232005 No Chg-P CR2E034 (1Q/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3738340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOBLING, PAUL A
4562 TAMiami TRAIL N
NAPLES, FL 34103

**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 _____ DATE _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOBLING, PAUL A
STREET ADDRESS	1921 CRESTVIEW WAY #180
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	JOBLING, ELAINE G
STREET ADDRESS	1921 CRESTVIEW WAY #180
CITY-ST-ZIP	NAPLES, FL 34119
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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03/07/05-80006-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Paul A. Jobling Date: 3/4/2005 Daytime Phone #: 239-263-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. JOBLING, PRES.