
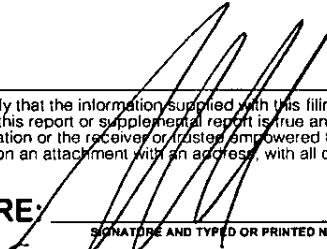


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90319 044 ***150.00

DOCUMENT # P04000077852					
1. Entity Name MERCATO OF NAPLES, INC.					
Principal Place of Business 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1134712	
				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			7. Name and Address of New Registered Agent		
CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103			Name Robert C. Zundel, Jr. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North Suite 250 City Naples FL Zip Code 34103		
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 			Robert C. Zundel, Jr.		DATE 4/30/2008
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTGERT, SCOTT F	NAME			
STREET ADDRESS	4200 GULF SHORE BLVD. N.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, RICHARD J	NAME			
STREET ADDRESS	4200 GULF SHORE BLVD. N.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	VTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTMAN, HOWARD B	NAME			
STREET ADDRESS	4200 GULF SHORE BLVD. N.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Howard B. Gutman Vice President		4/30/2008 (239) 261-6100
Signature and typed or printed name of signing officer or director			Date		Daytime Phone #