


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000012190  
 1. Entity Name  
 LE JARDIN OF NAPLES, INC.



Principal Place of Business      Mailing Address  
 4200 GULF SHORE BLVD. NORTH      4200 GULF SHORE BLVD. NORTH  
 NAPLES, FL 34103 US      NAPLES, FL 34103 US

**DO NOT WRITE IN THIS SPACE**



03112004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0622654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CATALANO, ANTHONY J  
 4001 TAMiami TRAIL NORTH  
 SUITE 250  
 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, 2004 Fee will be \$550.00**

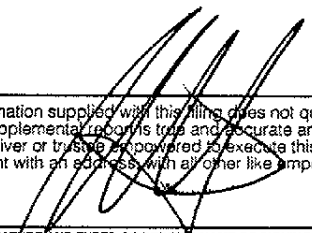
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BAKER, RICHARD J 4200 GULF SHORE BLVD N NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS GUTMAN, HOWARD B 4200 GULF SHORE BLVD. NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000141130  
 04/29/04-80190-013 150.00

**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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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      4/27/04      (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #