

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90307 023 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000012190

1. Entity Name
 LE JARDIN OF NAPLES, INC.



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

Mailing Address
 4200 GULF SHORE BLVD. NORTH
 NAPLES, FL 34103 US



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622654	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** 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, 2006 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	DVT 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	

DO NOT WRITE IN THIS SPACE

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard B. Gutman V.P.

3/30/06
Date

(239) 261-6100
Daytime Phone #