

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032474

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: RALPH'S PLACE OF CAPE CORAL, INC.

**Current Principal Place of Business:**

RALPH'S PLACE  
1305 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1305 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 65-0574558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHAEL AND JOAN STEVENS  
1710 SE 15TH TERRACE  
CAPE CORAL, FL 33990

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEVENS, JOAN  
Address: 1710 SE 15TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: VPT ( ) Delete  
Name: STEVENS, MICHAEL E  
Address: 1710 SE 15TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STEVENS, JOAN  
Address: 920 SE 33RD ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPT (X) Change ( ) Addition  
Name: STEVENS, MICHAEL E  
Address: 920 SE 33RD ST  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEAL STEVENS

VPT

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date