


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90024 007 \*\*\*150.00

**DOCUMENT # 228177**  
 1. Entity Name  
**BOAT HAVEN NAPLES INC**



Principal Place of Business      Mailing Address  
 1484 5 AVE SO.      1484 5 AVE SO.  
 NAPLES, FL 34102 US      NAPLES, FL 34102 US

94017994

2. Principal Place of Business      3. Mailing Address  
 C/O Steven E. Clark CPA      Steven E. Clark, CPA  
 700 11th St. S. # PH3      700 11th St. S. # PH3  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02112004    Chg-P    CR2E034 (10/03)

City & State      City & State  
 Naples, FL      Naples, FL  
 Zip      Country      Zip      Country  
 34102      USA      34102      USA

4. FEI Number      Applied For  
 59-0876554      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PHILIP C MORSE, III  
 2200 HERITAGE TRAIL  
 NAPLES, FL 34112

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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	PD MORSE, PHILIP C. III 2200 HERITAGE TRAIL NAPLES, FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> COLLINS, HELEN C 642 PALM CIRCLE, E. NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT COLLINS 642 PALM CIRCLE E. NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANIS MORSE 2200 HERITAGE TRAIL NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Robert Collins      Date: 2/16/04      Daytime Phone #: (239) 261-8022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR