# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 09, 2004 8:00 am**
**Secretary of State**
03-09-2004 90030 012 ***150.00

DOCUMENT # 579711

1. Entity Name

LONGEVAL INVESTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4001 TAMIAMI TRAIL NORTH<br>SUITE 250<br>NAPLES FL 34103<br>US | C/O QUARLES & BRADY LLP<br>4001 TAMIAMI TR. N. 250<br>NAPLES FL 34103<br>US |

MOORE CR2E034 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | c/o BOND SCHOENECK & KING PA<br>Suite, Apt. #, etc.<br>4001 TAMIAMI TR. N. 250 |
| City & State | City & State<br>NAPLES FL 34103 |
| Zip / Country | Zip / Country |

4. FEI Number 59-1837697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

NAPLES LAWDOCK, INC.
C/O QUARLES & BRADY LLP
4001 TAMIAMI TRAIL N. SUITE 250
NAPLES FL 34103

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
F. JOSEPH McMACKIN III

c/o BOND SCHOENECK & KING PA, 4001 TAMIAMI TR. N. #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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MCMACKIN, ELIZABETH S<br>4001 TAMIAMI TRAIL NORTH, SUITE 250<br>NAPLES FL 34103 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCMACKIN, F. JOSEPH III<br>4001 TAMIAMI TRAIL NORTH, SUITE 250<br>NAPLES FL 34103 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>SPIRO, MARY ANN<br>4001 TAMIAMI TRAIL NORTH, SUITE 250<br>NAPLES FL 34103 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** F. JOSEPH McMACKIN, III MAR 3 2004 239 659 3864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #