

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
04 MAY -6 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2804779
Applied For
Not Applicable

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

DOCUMENT # J71866

1. Entity Name
NAPLES BUILDING COMPANY, INC.



Principal Place of Business
**28803 EUCLID AVE.
WICKLIFFE, OH 44092 US**

Mailing Address
**28803 EUCLID AVE
WICKLIFFE, OH 44092 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALVANO, RICHARD
25263 TAMiami TRAIL
BONITA SPRINGS, FL 34134**

Address change →

Name **Galvano, Richard D.**

Street Address (P.O. Box Number is Not Acceptable)

9220 BONITA BEACH RD, STE. 102

City **BONITA SPRINGS**

FL

Zip Code **34135**

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**

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 **P** ☐ Delete
NAME **BERZIN, RUSSELL F**
STREET ADDRESS **28803 EUCLID AVE.**
CITY-ST-ZIP **WICKLIFFE, OH 44092**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **Galvano, Richard D.**
STREET ADDRESS **9220 Bonita Beach Rd, Ste 102**
CITY-ST-ZIP **Bonita Springs, FL 34135**

☐ Change ☐ Addition
TITLE
NAME **200036188482**
STREET ADDRESS **05/12/04--01025--002**
CITY-ST-ZIP ****1200.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Rich Galvano **VICE PRES RICH GALVANO**

4-29-4

239-495-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #