


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K22634</b> 1. Entity Name MR. VERTICAL OF NAPLES, INC.	
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Principal Place of Business 2400 KIRKWOOD NAPLES, FL 34112	Mailing Address 2400 KIRKWOOD NAPLES, FL 34112
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ARCIERE, JOSEPH  
2400 KIRKWOOD  
NAPLES, FL 33962

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

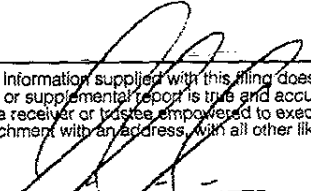
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000117041 04/19/04-80003-025-150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARCIERE, JOSEPH
STREET ADDRESS	503 JOSEPH COURT #1
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	S
NAME	ARCIERE, ANNE M
STREET ADDRESS	503 JOSEPH COURT #1
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	ARCIERE, JOSEPH JR
STREET ADDRESS	307 GOODLETTE RD. S #504B
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	T
NAME	ARCIERE, JEFFREY
STREET ADDRESS	307 GOODLETTE RD. S #504B
CITY-ST-ZIP	NAPLES, FL 34102
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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/1/04 (239) 775-3743 Daytime Phone #