

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 035 ***150.00

DOCUMENT # K22634

1. Entity Name
MR. VERTICAL OF NAPLES, INC.



Principal Place of Business
**2400 KIRKWOOD
NAPLES, FL 34112**

Mailing Address
**2400 KIRKWOOD
NAPLES, FL 34112**

50033666



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0058882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____

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, 2005 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	P ARCIERE, JOSEPH 503 JOSEPH COURT #1 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARCIERE, ANNE M 503 JOSEPH COURT #1 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARCIERE, JOSEPH JR 307 GOODLETTE RD. S #504B NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARCIERE, JEFFREY 307 GOODLETTE RD. S #504B 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

Daytime Phone #

Joseph Arciere 3/30/05 239-775-3343