

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90328 014 ***150.00

DOCUMENT # K77464

1. Entity Name

NAP RESTAURANT, INC.



Principal Place of Business

3350 NORTH TAMiami TRAIL
NAPLES FL 33946

Mailing Address

~~1 NORTH TAMiami TRAIL~~
~~SARASOTA FL 34236~~

2. Principal Place of Business

3. Mailing Address

3701 BEE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

Country

Zip

Country

34233

U.S.

4. FEI Number

65-0116170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUHLBACH, ARNOLD
~~1 NORTH TAMiami TRAIL~~
~~SARASOTA FL 34236~~

Name

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

3701 BEE RIDGE RD

City

SARASOTA

FL

Zip Code

34233

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

G. Muhlbach
Signature, typed or printed name of registered agent and title if applicable.

ARNOLD MUHLBACH

(NOTE: Registered Agent signature required when reinstating)

4/26/04
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 DTP ☐ Delete
NAME PARRY, LAURENCE
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3701 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE SD ☐ Delete
NAME PARRY, VALERIE
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3701 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE V ☐ Delete
NAME LEEREVELD, BART
STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34242~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3701 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L.H. Parry L.H. PARRY President

4/26/04