

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # K77464

1. Entity Name
NAP RESTAURANT, INC.



Principal Place of Business
**3350 NORTH TAMiami TRAIL
NAPLES, FL 33946**

Mailing Address
**3701 BEE RIDGE RD
SARASOTA, FL 34233**



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**MUHLBACH, ARNOLD
3701 BEE RIDGE RD
SARASOTA, FL 34233**

LEEREVELD, Bart

**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

Bart Leereveld 4/11/2007

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DTP
NAME	PARRY, LAURENCE
STREET ADDRESS	3701 BEE RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD
NAME	PARRY, VALERIE
STREET ADDRESS	3701 BEE RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	LEEREVELD, BART
STREET ADDRESS	3701 BEE RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000727738
05/04/07-80060-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Bart Leereveld 4/11/2007 941232 9950

State

Daytime Phone #