


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L37874</b>	
1. Entity Name <b>SPECTRE OF NAPLES, INC.</b>	

Principal Place of Business <b>3838 TAMiami TRAIL N #416 NAPLES, FL 34103 US</b>	Mailing Address <b>3838 TAMiami TRAIL N 3838 TAMiami TRAIL N. #416 NAPLES, FL 34103 US</b>
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**DO NOT WRITE IN THIS SPACE**



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0512488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  <b>FELDEN, CHRISTIAN B. 3838 TAMiami TRAIL NORTH 3416 NAPLES, FL 34103</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANES, DAVID L. 9657 SUMMER PLACE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANES, PATRICIA C. 9657 SUMMER PLACE NAPLES, FL
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**DO NOT WRITE IN THIS SPACE**

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07/22/04-80014-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 <u>David L. Hanes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>7-19-04</u> DAYTIME PHONE # <u>239-597-2477</u>