

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M92726 1. Entity Name SMJR, INCORPORATED	
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Principal Place of Business D/B/A CHARDONNAY RESTAURANT 2331 N. TAMiami TRAIL NAPLES, FL 34103	Mailing Address D/B/A CHARDONNAY RESTAURANT 2331 N. TAMiami TRAIL NAPLES, FL 34103 US
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07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0064941	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICOLAS, RENE' P. C/O CHARDONNAY RESTAURANT 2754 N. 12TH ST. NAPLES, FL 33940

**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 _____
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**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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U00000164827
07/09/04-80005-011 \$50.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NICOLAS, RENE' P. 2754 N. 12TH ST. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS NICOLAS, SUZANNE F. 2754 N. 12TH ST. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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: <i>Rene Nicolas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>7-7-04 239.261.1744</i> Date Daytime Phone #
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