

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90196 037 \*\*\*150.00

DOCUMENT # P00000004122

1. Entity Name  
P & M ROSS, INC.



Principal Place of Business  
3200 TAMiami TRAIL N., STE. 200  
NAPLES, FL 34103

Mailing Address  
3200 TAMiami TRAIL N., STE. 200  
NAPLES, FL 34103

24070764

2. Principal Place of Business  
5810 SHADY OAKS Lane

3. Mailing Address  
5810 SHADY OAKS Lane



Suite, Apt. #, etc.  
N

Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State  
NAPLES, FL

City & State  
NAPLES, FL

4. FEI Number  
58-2518478

Applied For  
Not Applicable

Zip  
34119

Country  
USA

Zip  
34119

Country  
USA

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

LADEMAN, CARRIE E  
3200 TAMiami TRAIL N., STE. 200  
NAPLES, FL 34103

Name

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

City

FL

Zip Code

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, 2004 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  
PTD  
ROSS, PAUL  
5810 14TH AVENUE, N.W.  
NAPLES, FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
ROSS, MICHELLE  
5810 14TH AVENUE, N.W.  
NAPLES, FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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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 #

Michelle Ross 4/28/04