

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000053295

1. Entity Name
NAPLES BEEF'S TWO, INC.



Principal Place of Business
7385 RADIO ROAD SUITE 101
NAPLES, FL 34104

Mailing Address
7385 RADIO ROAD SUITE 101
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1012028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STEVEN A
101 E KENNEDY BLVD SUITE 3700
TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent, title if applicable (NOTE: Registered Agent signature required when reinstating)

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 D
NAME MARTINEZ, WILLIAM
STREET ADDRESS 7385 RADIO ROAD
CITY-ST-ZIP NAPLES, FL 34104

TITLE DST
NAME MARTINEZ, JOHN
STREET ADDRESS 7385 RADIO ROAD
CITY-ST-ZIP NAPLES, FL 34104

TITLE DP
NAME BENNETT, DAVID C
STREET ADDRESS 7385 RADIO ROAD
CITY-ST-ZIP NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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03/13/07-80008-019 150.00

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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 of the like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-07

239-345-7100