

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07152008 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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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 reissuing)

U00000955557  
07/18/08-80003-010 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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 persons empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08 259-348-2100  
Date Daytime Phone #