

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086671

1. Entity Name:

A & J ENTERPRISES OF NAPLES, INC.



Principal Place of Business:

**2240 21ST ST. SW
NAPLES, FL 34117**

Mailing Address:

**2240 21ST ST. SW
NAPLES, FL 34117**



01072004 No Chg-P CR2E034 (10/03)

**4. Debtor's
58-2568575**

**Applicable or
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

**FREDERICK, JEFFREY H
2240 21ST ST. SW
NAPLES, FL 34117**

**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 of a person authorized to accept service of process on the corporation)

(Signature of a person authorized to accept service of process on the corporation)

(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

**101
NAME: VTD
FREDERICK, JEFFREY H
STREET ADDRESS: 2240 21ST ST. SW
CITY-STATE-ZIP: NAPLES, FL 34117**

**102
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:**

**103
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:**

**104
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:**

**105
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:**

**106
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:**

**U000000002748
01/13/04-80027-008 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Sections 119.07(3)(a), 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 239/352-7322