


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90010 009 ***150.00

DOCUMENT # P00000090828					
1. Entity Name GIOVANNI RISTORANTE ITALIANO OF NAPLES, INC.					
Principal Place of Business 5975 PINE RIDGE ROAD NAPLES, FL 34109			Mailing Address 5975 PINE RIDGE ROAD NAPLES, FL 34109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1042643	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONIGLIARO, MARIA 6041 22ND AVE N.W. NAPLES, FL 34119			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, MARIA		NAME	Maria D. Conigliaro	
STREET ADDRESS	6041 22ND AVE NW		STREET ADDRESS	6041 Hidden Oakes Lane	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Delete	TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Giovanni Coniglairo	
STREET ADDRESS			STREET ADDRESS	6041 Hidden Oakes Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Maria-Coniglairo	
STREET ADDRESS			STREET ADDRESS	6041 Hidden Oakes Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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; that I am 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 the list of officers and directors with an address, with all other life empowered.					
SIGNATURE: <i>Maria D. Conigliaro</i>		Date: 2-19-04		Daytime Phone #: 239/353-9440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



02062004 Chg-P CR2E034 (10/03)

