

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095743

1. Entity Name  
J P SERVICES OF NAPLES, INC.



FILED

04 AUG 27 PM 6:44

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

Principal Place of Business  
172 FAIRWAY CIRCLE  
NAPLES, FL 34110

Mailing Address  
172 FAIRWAY CIRCLE  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3676248

Applied For

Not Applicable

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

PALCO, JOZEF  
172 FAIRWAY CIRCLE  
NAPLES, FL 34110

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: report or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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  
PALCO, JOZEF  
172 FAIRWAY CIRCLE  
NAPLES, FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

300040776473  
09/02/04--01032--020 \*\*150.00

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

**List more than six Officers/Directors    No additional Officers/Directors to list**

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title

D

Officer/Director Signature

PALKO JOZEF

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**Division of Corporations****Annual Report**

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Business Entity Name

**J P SERVICES OF NAPLES, INC.**

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

FEI Number **593676248**

FEI Number Status      Applied For      Not Applicable      Current

Certificate of Status Desired      Yes      No

**Principal Place of Business**Address **172 FAIRWAY CIRCLE**

Suite, Apt. #, etc.

City, State **NAPLES**, FLZip Code & Country **34110****Mailing Address**Address **172 FAIRWAY CIRCLE**

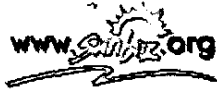
Suite, Apt. #, etc.

City, State **NAPLES**, FLZip Code & Country **34110****Name And Address of Registered Agent**Name (Last, First, Middle, Title) **PALKO**, **JOZEF**, ,**-or- RA Business Name**Address **172 FAIRWAY CIRCLE**

Suite, Apt. #, etc.

City, State **NAPLES**, FLZip Code & Country **34110**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a



## Division of Corporations

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Business Entity Name

**J P SERVICES OF NAPLES, INC.**

Election Campaign Financing Trust Fund Contribution	Yes	No
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## Officer/Director Name And Address

Title	D
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Name (Last, First, Middle, Title) **PALKO** **JOZEF**

**-or- Entity Name**

Street Address 172 FAIRWAY CIRCLE

City, State **NAPLES**, FL

Zip Code &amp; Country 34110

Title

Name (Last, First, Middle, Title) \_\_\_\_\_,

**-or- Entity Name**

Street Address

City, State

### Zip Code & Country

Title

Name (Last, First, Middle, Title) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**-or- Entity Name**

Street Address

City, State

### Zip Code & Country

Title

Name (Last, First, Middle, Title) \_\_\_\_\_

**-or- Entity Name**

Street Address