

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90055 046 ***150.00

DOCUMENT # P00000112961

1. Entity Name

ARTSTONE OF NAPLES, INC.



Principal Place of Business

1029 INDUSTRIAL BLVD.
NAPLES FL 34103
US

Mailing Address

345 SEAGROVE LANE
#101
NAPLES FL 34110
US

2. Principal Place of Business

1029 Industrial Blvd

Suite, Apt. #, etc.

Naples, FL

City & State

Zip
34104

Country

3. Mailing Address

373 Egret Ave

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1065200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, SHERI L
345 SEAGROVE LANE
#101
NAPLES FL 34110

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

Sheryl L. Weber V. President

4/12/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME WEBER, RUSSEL V
STREET ADDRESS 345 SEAGROVE LANE #101
CITY-ST-ZIP NAPLES FL 34110

TITLE VPS ☐ Delete
NAME WEBER, SHERIL
STREET ADDRESS 345 SEAGROVE LANE #101
CITY-ST-ZIP NAPLES FL 34110

TITLE T ☒ Delete
NAME WOLFFER, LARRY
STREET ADDRESS 18956 PINE RUN LANE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Sheryl L. Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #