


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000007950**

1. Entity Name  
T.O.P.S. CHILD CARE OF NAPLES, INC.



Principal Place of Business  
1371 SHADOWLAWN DRIVE  
NAPLES, FL 34104

Mailing Address  
1371 SHADOWLAWN DRIVE  
NAPLES, FL 34104



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3698781

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALCZUK, MICHAEL N  
174 PEBBLE SHORES DRIVE #104  
NAPLES, FL 34110

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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**

U00000151443  
05/04/04-80047-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	WALCZUK, MICHAEL N
STREET ADDRESS	174 PEBBLE SHORES DRIVE #104
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	WALCZUK, MICHAEL N
STREET ADDRESS	174 PEBBLE SHORES DRIVE #104
CITY-ST-ZIP	NAPLES, FL 34110
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 exemption stated in Section 119.07(3)(f), 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 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: 5/3/04 Daytime Phone # \_\_\_\_\_