

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90019 010 \*\*\*150.00

DOCUMENT # P01000019290	
1. Entity Name THRESHOLD ENTERPRISES, INC.	



Principal Place of Business 3751 ARNOLD AVE STE C NAPLES, FL 34109	Mailing Address 3751 ARNOLD AVE STE C NAPLES, FL 34109
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24076341



2. Principal Place of Business 3751 ARNOLD AVE Suite, Apt. #, etc. STE C	3. Mailing Address 3751 ARNOLD AVE Suite, Apt. #, etc. STE C
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01092004 Chg-P CR2E034 (10/03)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34104	Country USA

4. FEI Number 59-3699158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POTTER, WILLIAM D 13055 CASTLE HARBOUR DR K-4 NAPLES, FL 34110	
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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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTER, WILLIAM D POST OFFICE BOX 11626 NAPLES, FL 341011626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD POTTER, DEANNA R POST OFFICE BOX 11626 NAPLES, FL 341011626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM D POTTER Date: 6-4-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ATTACHMENT 24076341  
# P01000019290

3751 Arnold Avenue, Suite C • Naples, Florida 34104  
☎ Naples 239-649-0911 • Fax 239-649-3258  
☎ Ft. Myers 239-337-2911  
[www.Med-Assure.net](http://www.Med-Assure.net)

TO WHOM IT MAY CONCERN:

PLEASE EXCUSE OUR DELAYS LATE  
AS WE RELOCATED OUR OFFICE AT  
THE END OF APRIL AND MISPLACED  
THIS DOCUMENT