


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90028 049 \*\*\*150.00

<b>DOCUMENT # P01000032430</b> 1. Entity Name NAPLES MASTER CRAFTSMAN, INC.					
Principal Place of Business 147 B. BRISTOL LANE NAPLES, FL 34112			Mailing Address 147 B. BRISTOL LANE NAPLES, FL 34112		
2. Principal Place of Business 2274 Royal Ln.		3. Mailing Address 2274 Royal Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-1087502	
Zip 34112		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GLOWATCH, JOHN E 147 B BRISTOL LANE NAPLES, FL 34112			7. Name and Address of New Registered Agent Name: Glowatch, John E. Street Address (P.O. Box Number is Not Acceptable): 2274 Royal Ln. City: Naples FL Zip Code: 34112		
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: John E Glowatch <i>John E Glowatch</i> DATE: 3-30-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 P NAME GLOWATCH, JOHN E STREET ADDRESS 147 B. BRISTOL LANE CITY-ST-ZIP NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE P NAME Glowatch, John E. STREET ADDRESS 2274 Royal Ln CITY-ST-ZIP Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GLOWATCH, JON STREET ADDRESS 5406 SYCAMORE DR. CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME GLOWATCH, JANIS STREET ADDRESS 147-B BISTOL LANE CITY-ST-ZIP NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE TS NAME Glowatch, Janis STREET ADDRESS 2274 Royal Ln. CITY-ST-ZIP Naples, FL 34112	<input checked="" 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: John E. Glowatch <i>John E Glowatch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-30-04 <small>Date Daytime Phone #</small>		