

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90004 007 ***550.00

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1. Entity Name
NAPLES BUILDING & DESIGN CORPORATION



Principal Place of Business
4110 ENTERPRISE AVE
NAPLES, FL 34104

Mailing Address
3000 S OCEAN BLVD, STE 1003
BOCA RATON, FL 33432

54060234

2. Principal Place of Business

3. Mailing Address

2203 Imperial Golf Course Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06252004

Chg-P

CR2E034 (10/03)

City & State

City & State

Naples FL 34110

4. FEI Number

65-1113907

Applied For

Not Applicable

Zip

Country

Zip

34110

Country

USA

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

MUCCI, MARK S
ONE FINANCIAL PLAZA, SUITE 1600
FT LAUDERDALE, FL 33394

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LAMB, JOSEPH K SR ☐ Delete
STREET ADDRESS 3000 S OCEAN BLVD, STE 1003
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE P
NAME Lamb, Joseph K Sr. ☒ Change ☐ Addition
STREET ADDRESS 2203 Imperial Golf Course Blvd
CITY-ST-ZIP Naples FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #