

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066730

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: CONVENIENCE ENTERPRISES OF NAPLES, INC.

## Current Principal Place of Business:

1938 SANTA BARBARA BLVD  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

1924 SANTA BARBARA BLVD  
SUITE 1-C  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 65-1117906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAZIANI, LEEANNE W DIRECTO  
1924 SANTA BARBARA BLVD.  
SUITE 1  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: KALIKOW, SCOTT D  
Address: 2152 HARLANS RUN  
City-St-Zip: NAPLES, FL 34105

Title: VP/D ( ) Delete  
Name: GRAZIANI, RONEN  
Address: 2861 SANTA BARBARA BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: S/D ( ) Delete  
Name: GRAZIANI, LEEANNE W  
Address: 2861 SANTA BARBARA BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: SAAD, RAUL  
Address: 14902 TYBEE ISLAND DRIVE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change ( ) Addition  
Name: SAAD, RAUL E  
Address: 1924 SANTA BARBARA BLVD  
City-St-Zip: NAPLES, FL 34116

Title: VP/D (X) Change ( ) Addition  
Name: GRAZIANI, RONEN  
Address: 1924 SANTA BARBARA BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: S/D (X) Change ( ) Addition  
Name: GRAZIANI, LEEANNE W  
Address: 1924 SANTA BARBARA BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change ( ) Addition  
Name: KALIKOW, SCOTT  
Address: 1924 SANTA BARBARA BLVD  
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEEANNE W GRAZIANI

S/D

03/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date