

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000066730

1. Entity Name
CONVENIENCE ENTERPRISES OF NAPLES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 28 PM 4:12

Principal Place of Business
1938 SANTA BARBARA BLVD
NAPLES, FL 34116

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

03212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1117906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTC D ☐ Delete
NAME SAAD, RAUL E
STREET ADDRESS 1924 SANTA BARBARA BLVD
CITY-ST-ZIP NAPLES, FL 34116

TITLE VP/D ☐ Delete
NAME GRAZIANI, RONEN
STREET ADDRESS 1924 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES, FL 34116

TITLE S/D ☐ Delete
NAME GRAZIANI, LEEANNE W
STREET ADDRESS 1924 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES, FL 34116

TITLE D ☐ Delete
NAME KALIKOW, SCOTT
STREET ADDRESS 1924 SANTA BARBARA BLVD
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/C/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200069971732
STREET ADDRESS 04/10/06--01080--022 **\$61.25
CITY-ST-ZIP

TITLE S/T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 exemptions contained 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 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:

Leeanne W. Graziani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 239-348-7741

Date

Daytime Phone #