


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000290431**  
 1. Entity Name  
**NAPLES SMOKEHOUSE & PROVISIONS, INC.**



Principal Place of Business      Mailing Address  
**4421 11TH AVE., S.W.**      **4421 11TH AVE., S.W.**  
**NAPLES, FL 34116**      **NAPLES, FL 34116**



05272004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3746527</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCALEAR, DANIEL**  
**4421 11TH AVE., S.W.**  
**NAPLES, FL 34116**

**DO NOT WRITE IN THIS SPACE**

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 *Daniel Mclear*      DATE 5/28/04  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reconstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCALEAR, DANIEL
STREET ADDRESS	4421 11TH AVE., S.W.
CITY - ST - ZIP	NAPLES, FL 34116
TITLE	D
NAME	MACDONALD, BRUCE
STREET ADDRESS	4421 11TH AVE., S.W.
CITY - ST - ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 06/04/04-80001-005 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Daniel Mclear*      DATE 5/28/04      DAYTIME PHONE # 239-455-7242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #