

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090431

FILED
Apr 30, 2009
Secretary of State

Entity Name: NAPLES SMOKEHOUSE & PROVISIONS, INC.

Current Principal Place of Business:

3951 ARNOLD AVE
STE 2
NAPLES, FL 34104 US

New Principal Place of Business:

3951 ARNOLD AVE
STE 2
NAPLES, FL 34104 US

Current Mailing Address:

5458-26TH PL SW
NAPLES, FL 34116 US

New Mailing Address:

3951 ARNOLD AVE
STE 2
NAPLES, FL 34104 US

FEI Number: 59-3746527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, KATHLEEN
5458-26TH PLACE SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

JULIE C GUITARD CPA PA
9698 OXFORD STREET
NAPLES, FL 34109 US

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: JULIE C GUITARD

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACDONALD, KATHLEEN M
Address: 5458 26TH PL SW
City-St-Zip: NAPLES, FL 34116

Title: V () Delete
Name: MACDONALD, BRIAN
Address: 4955 PEPPER CIRCLE #102B
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: KENNOW, MONICA
Address: 5535 RATTLESNAKE HAMMOCK RD #205
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN MACDONALD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date