## **\$\frac{1}{2}2004 FOR PROFIT CORPORATION** ANNUAL REPORT

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## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P01000100324 04-29-2004 90290 050 \*\*\*158.75 GB PARCEL 100, INC. Principal Place of Business Mailing Address 14011951 3470 CLUB CENTER BLVD. 3200 TAMIAMI TRAIL NORTH NAPLES, FL 34114 SUITE 200 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3759382 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 33410 City 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 rejustation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition FERRAO, AUBREY J NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition PARISI, JOSEPH NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WOODWARD, MARK J NAME NAME 3200 TAMIAMI TRAIL N (#200) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY - ST - ZIP TITLE ☐ Delete TITLE Channe Addition DINARDO, ANTHONY NAME NAME 3470 CLUB CENTER BLVD. STREET ADDRESS STREET ADDRESS NAPLES, FL 34114 CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 a larger state of the corporation of the corporation or the receiver or trustee empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Livio Parisi, Director

Delete

4/15/04

Date

(239) 732-9400

Daytime Phone #

☐ Change

Addition

FILED