

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117044

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: NAPLES ARCHITECTURAL PRECAST, INC.

**Current Principal Place of Business:**

5770 SHIRLEY STREET  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5770 SHIRLEY STREET  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 02-0563717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOOD, DOUGLAS A ESQ  
SIESKY, PILON & WOOD  
1000 NORTH TAMiami TRAIL STE 201  
NAPLES, FL 34102 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: D ( ) Delete  
Name: DEL DUCA, DAWN T  
Address: 2101 TARPON ROAD  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: OWENS, BENJAMIN L  
Address: 3585 KENT DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: DEL DUCA, ANTHONY J  
Address: 115 FLAME VINE DRIVE  
City-St-Zip: NAPLES, FL 34110

**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 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 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: BENJAMIN L OWENS

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date