

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90019 049 \*\*\*150.00

**DOCUMENT # P02000011277**

1. Entity Name  
**MIRAGE NAPLES, INC.**



Principal Place of Business  
**13800 TAMIAMI TRAIL NORTH, #111  
NAPLES, FL 34110**

Mailing Address  
**13800 TAMIAMI TRAIL NORTH, #111  
NAPLES, FL 34110**

**54061301**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2980156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**NARKNESS, ANDREW  
27848 FORESTER DRIVE  
BONITA SPRINGS, FL 36136**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARKNESS, ANDREW
STREET ADDRESS	27848 FORESTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 36136

TITLE	D
NAME	HARKNESS, NINA
STREET ADDRESS	27848 FORESTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 36136

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Andrew Harkness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 54061301

MIRAGE NAPLES, INC.  
13800 TAMiami TRAIL NORTH, #111  
NAPLES, FL 34110

July 1, 2004

Divisions of Corporation  
Uniform Business Report  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Document #P02000011277  
2004 Uniform Business Report

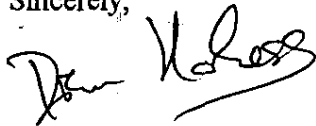
Gentlemen:

With reference to the above, I been informed of non payment of my UBR. I have not received this report.

My accountant, upon calling "The State Corporation Department", was informed and advised to print the form and have me file it with the \$150.00. She was also told my penalties would be waived. Enclosed is check number in the amount of \$150.00.

Also, I would like to have this form mailed to me each year in order to avoid this problem.

Sincerely,



Andrew Harkness  
Director

HW/rr

Enclosures