2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041344

Entity Name: PHOENIX ASSOCIATES OF NAPLES, INC.

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1786 TRADE CENTER WAY 2960 IMMOKALEE ROAD SUITE #2 NAPLES, FL 34110 US

NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

1786 TRADE CENTER WAY

2960 IMMOKALEE ROAD
SUITE #2

NAPLES, FL 341109 US

NAPLES, FL 34109

FEI Number: 02-0582315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI, FL 33145 US

MCVICKER, KEVIN
2960 IMMOKALEE ROAD
NAPLES, FL 34110 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: KEVIN MCVICKER 01/09/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:JOHNS, RANDYName:JOHNS, RANDYAddress:1786 TRADE CENTER WAYAddress:2960 IMMOKALEE ROAD

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34110 US

Title: VD () Delete Title: VD (X) Change () Addition Name: HOWELL, BRIAN Name: HOWELL, BRIAN

Address: 1786 TRADE CENTER WAY Address: 2960 IMMOKALEE ROAD City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34110 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 MCVICKER, KEVIN
 Name:
 MCVICKER, KEVIN

 Address:
 1786 TRADE CENTER WAY
 Address:
 2960 IMMOKALEE ROAD

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34110 US

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: KEVIN MCVICKER STD 01/09/2004