

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91213 021 \*\*\*150.00

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04232004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000061630</b> 1. Entity Name <b>RICHARD B. WINGATE, P.A.</b>					
Principal Place of Business <b>1100 5TH AVE. SOUTH, STE. 301 NAPLES, FL 34102 US</b>			Mailing Address <b>1100 5TH AVE. SOUTH, STE. 301 NAPLES, FL 34102 US</b>		
2. Principal Place of Business <b>3001 Tamiami Trail N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>NAPLES, FL.</b> Zip <b>34103</b>		3. Mailing Address <b>3001 Tamiami Trail N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>NAPLES, FL.</b> Zip <b>34103</b>		4. FEI Number <b>02-0611728</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINGATE, RICHARD B 1100 5TH AVE. SOUTH, STE. 301 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Wingate, Richard B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Tamiami Trail N.</b> <b>Suite 100</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>	
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:  DATE: <b>4/23/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> NAME <b>WINGATE, RICHARD B</b> STREET ADDRESS <b>1100 5TH AVE. SOUTH, STE. 301</b> CITY-ST-ZIP <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>Wingate, Richard B.</b> STREET ADDRESS <b>3001 Tamiami Trail N. Suite 100</b> CITY-ST-ZIP <b>Naples, FL, 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			<b>4/23/2004 (239) 530-1222</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					