

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000076450

1. Entity Name  
NAPLES RESTAURANT GROUP, INC.



Principal Place of Business  
821 5 AVE SOUTH  
NAPLES, FL 34102

Mailing Address  
821 5 AVE SOUTH  
NAPLES, FL 34102



02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1543422

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

MARK F. OATES, P.A.  
10001 TAMiami TRAIL NORTH, STE 119  
NAPLES, FL 34108

**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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HOLCOMB, WILLIAM M  
1282 9 AVE NORTH  
NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
METCALF, MICHAEL H  
165 FOREST LAKES BLVD  
NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HOUSEMAN, JESSE S  
5255 CORAL WOOD DR  
NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WELLS, L. ROGERS JR.  
200 AMERICAN AVE  
GLASGOW, KY 421421598

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000242407  
02/25/05-80018-012 150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/05

(239) 261-5821