
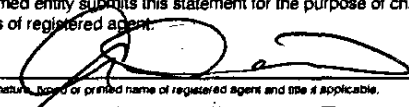
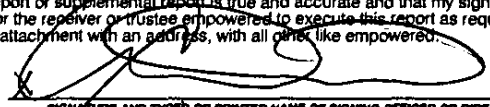


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 043 ***150.00

DOCUMENT # P02000131426			
1. Entity Name ART DAVID, P.A.			
Principal Place of Business 286 PERIGNON PLACE NAPLES, FL 34119		Mailing Address 286 PERIGNON PLACE NAPLES, FL 34119	
5785 Lago Villaggio Way Naples, FL 34104		5785 Lago Villaggio Way Naples, FL 34104	
2. Principal Place of Business 5785 LAGO VILLAGGIO WAY Suite, Apt. #, etc.		3. Mailing Address 5785 LAGO VILLAGGIO WAY Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34104	Country	Zip 34104	Country
4. FEI Number 22-3887692		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, ARTHUR 286 PERIGNON PLACE NAPLES, FL 34119		7. Name and Address of New Registered Agent Name: DAVID ARTHUR Street Address (P.O. Box Number is Not Acceptable): 5785 LAGO VILLAGGIO WAY City: NAPLES FL Zip Code: 34104	
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: 4/27/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: DAVID, ARTHUR STREET ADDRESS: 286 PERIGNON PLACE CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: PS NAME: DAVID, ARTHUR STREET ADDRESS: 5785 LAGO VILLAGGIO WAY CITY-ST-ZIP: NAPLES FL 34104	<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
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
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: 		DATE: 4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARTHUR DAVID		Daytime Phone # 239-442-7191	