

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90044 002 \*\*\*150.00

<b>DOCUMENT # P03000019280</b> 1. Entity Name <b>LA MIRAGE NAPLES, INC.</b>																							
Principal Place of Business <b>13800 TAMIAMI TRAIL NORTH, STE 110 NAPLES FL 34110</b>			Mailing Address <b>13800 TAMIAMI TRAIL NORTH, STE 110 NAPLES FL 34110</b>																				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0916218</b>																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent  <b>HARKNESS, ANDREW 13800 TAMIAMI TRAIL NORTH, STE 110 NAPLES FL 34100</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HARKNESS, ANDREW</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>600 GOODLETTE RD. N., #104 NAPLES FL 34102</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>HARKNESS, ANDREW</b>		CITY-ST-ZIP	<b>600 GOODLETTE RD. N., #104 NAPLES FL 34102</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>David Holman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/2/04</b> Daytime Phone #: <b>235-513-6906</b>																				