

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90024 016 \*\*\*158.75

**DOCUMENT # P03000064524**

1. Entity Name  
**GINA'S CAFE IN THE PARK INC**



Principal Place of Business  
**1100 COMMERCIAL BLVD  
101  
NAPLES, FL 34104 US**

Mailing Address  
**788 PARK SHORE DR  
D-19  
NAPLES, FL 34103 US**

00410101



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**04-376-0667** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONSTANTINO, DOLORES  
788 PARK SHORE DR  
D-19  
NAPLES, FL 34103**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 *Dolores Constantino* DATE *4/2/2004*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>Pres</b>	NAME <b>Dolores Constantino</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>788 Park Shore Dr. Naples FL</b>		
TITLE <b>V.P.</b>	NAME <b>Dolores Constantino</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>788 Park Shore Dr. D-19 Naples FL</b>		
TITLE <b>Sec.</b>	NAME <b>Dolores Constantino</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>Same</b>		
TITLE <b>Treas.</b>	NAME <b>Dolores Constantino</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>Same</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		

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: *Dolores Constantino* *4/2/2004* *Pres.*