

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-24-2004 90001 002 ***150.00

DOCUMENT # PD3000070363

1. Entity Name

CHOCOLAT DU JOUR OF NAPLES, INC.



Principal Place of Business

2375 TERRA VERDE LN
NAPLES FL 34105

Mailing Address

2375 TERRA VERDE LN
NAPLES FL 34105

2. Principal Place of Business

7935 Airport Pulling Rd N

3. Mailing Address

7935 Airport Pulling Rd N

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34109

Country

Collica

Zip

34109

Country

Collica

4. FEI Number

20-0064018

Applied For

Not Applicable

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

MOORE

CR2E034 (11/03)

66405291



6. Name and Address of Current Registered Agent

BATES, MARK C
2375 TERRA VERDE LANE
NAPLES FL 34105

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

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, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MANNION, THOMAS	
STREET ADDRESS	2239 ISLAND COVE CIR	
CITY-STATE-ZIP	NAPLES FL 34109	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BATES, MARK C	
STREET ADDRESS	2375 TERRA VERDE LN	
CITY-STATE-ZIP	NAPLES FL 34105	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MANNION, DIANNE	
STREET ADDRESS	2239 ISLAND COVE CIR	
CITY-STATE-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: *Thomas W. Mannion*

THOMAS W. MANNION

2-18-04

514-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #