## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000093014

Entity Name: NEW HORIZONS REALTY NAPLES, INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1415 PANTHER LANE
NAPLES, FL 34109

1415 PANTHER LANE
NAPLES, FL 34109
US

Current Mailing Address: New Mailing Address:

1415 PANTHER LANE 301 N CATTLEMEN RD NAPLES, FL 34109 STE 205

SARASOTA, FL 34232 US

FEI Number: 57-1184554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHIPPER, JAMES R
301 N CATTLEMEN ROAD STE 205
SARASOTA, FL 34232
SCHIPPER, JAMES R
301 N CATTLEMEN ROAD STE 205
SARASOTA, FL 34232
US

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.

SIGNATURE: 04/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DP () Delete Name: LANZARO, ELAINE

Address: 301 N CATTLEMEN ROAD STE 205

City-St-Zip: SARASOTA, FL 34232

Title: DVS ( ) Delete Name: SCHIPPER, JIM

Name: SCHIPPER, JIM
Address: 301 N CATTLEMEN ROAD STE 205

City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition

Name: LANZARO, ELAINE

Address: 301 N CATTLEMEN RD STE 205 City-St-Zip: SARASOTA, FL 34232 US

Title: DVS (X) Change () Addition

Name: SCHIPPER, JAMES R

Address: 301 N CATTLEMEN RD STE 205 City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R SCHIPPER D 04/23/2004