


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90001 013 \*\*\*150.00

**DOCUMENT # P03000155623**

1. Entity Name  
**THE HADINGER COMPANY OF NAPLES**



Principal Place of Business: **6401 NORTH AIRPORT RD. NAPLES, FL 34109**  
 Mailing Address: **6401 NORTH AIRPORT RD. NAPLES, FL 34109**

**34060738**



06302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		80 0085726		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHELLING, JEFFREY S P.A. 2440 TRADE CENTER WAY NAPLES, FL 34109				Name: <b>WILLIAM SILVERSTEIN</b>			
				Street Address (P.O. Box Number is Not Acceptable): <b>6401 NORTH AIRPORT RD.</b>			
				City: <b>NAPLES</b> FL Zip Code: <b>34109</b>			

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: *William Silverstein* **WILLIAM SILVERSTEIN, CONTROLLER** DATE: **7/2/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADINGER, THOMAS			NAME	HADINGER THOMAS		
STREET ADDRESS	6401 NORTH AIRPORT RD.			STREET ADDRESS	6401 NORTH AIRPORT RD		
CITY-ST-ZIP	NAPLES, FL 34109			CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Delete		TITLE	P S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	PAUL DEMARIS		
STREET ADDRESS				STREET ADDRESS	6401 NORTH AIRPORT RD.		
CITY-ST-ZIP				CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Delete		TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	GLENN GOODRICH		
STREET ADDRESS				STREET ADDRESS	6401 NORTH AIRPORT RD		
CITY-ST-ZIP				CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Delete		TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	DENNIS DICKERSON		
STREET ADDRESS				STREET ADDRESS	6401 NORTH AIRPORT RD		
CITY-ST-ZIP				CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Delete		TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	THOMAS CONNOR		
STREET ADDRESS				STREET ADDRESS	6401 NORTH AIRPORT RD		
CITY-ST-ZIP				CITY-ST-ZIP	NAPLES, FL 34109		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	Continued		
STREET ADDRESS				STREET ADDRESS	See attached		
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Hadinger* **THOMAS HADINGER** DATE: **7/2/04** DAYTIME PHONE #: **239-566-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED

Attachment

54060738  
# PO 3000155623

6401 North Airport Road  
Naples, FL 34109



(239) 566-7100  
Fax (239) 566-7523

11. Continued

Additions/Changes to Officers and Directors in 11

TITLE D  Change  Addition  
NAME CHARLES WALL  
STREET ADDRESS 6401 NORTH AIRPORT RD  
CITY-ST-ZIP NAPLES, FL 34109

TITLE D  Change  Addition  
NAME JOSEPH MANNINO  
STREET ADDRESS 6401 NORTH AIRPORT RD  
CITY-ST-ZIP NAPLES, FL 34109

TITLE D  Change  Addition  
NAME DONALD WILLIAMSON  
STREET ADDRESS 6401 NORTH AIRPORT RD.  
CITY-ST-ZIP NAPLES, FL 34109

TITLE \_\_\_\_\_ Change Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ Change Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ Change Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_