## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P04000077858** 05-01-2006 90290 006 \*\*\*150 00 1. Entity Name MERCATO PLACE, INC. 40010---Principal Place of Business Mailing Address 4200 GULF SHORE BLVD NORTH 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103 NAPLES, FL 34103 CR2E034 (11/05) 03232006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1134684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATALANO, ANTHONY DO NOT WRITE 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE LUTGERT, SCOTT F NAME 4200 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 VSD BAKER, RICHARD J NAME 4200 GULF SHORE BLVD N STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP VT**₽**D TITLE **GUTMAN, HOWARD B** NAME STREET ADDRESS 4200 GULF SHORE BLVD N DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34103 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information surplies with his filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report/strue 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 received or fusted explowered 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 within address with all other like empowered. Howard B. Gutman

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 261-6100

Daytime Phone #

FILED