


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90043 048 ***150.00

DOCUMENT # P92000011329					
1. Entity Name BENJAMIN OF NAPLES, INC.					
Principal Place of Business 3033 RIVERA DR STE 201 NAPLES, FL 34103 US			Mailing Address 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103 US		
2. Principal Place of Business 3033 Riviera Dr.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0434482	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIN, BENJAMIN <input type="checkbox"/> Delete 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUDD, DAVID G. <input type="checkbox"/> Delete 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RUBIN, LINDA <input type="checkbox"/> Delete 3033 RIVIERA DR STE 201 NAPLES, FL 34103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RUBIN, HARRY <input type="checkbox"/> Delete 3033 RIVIERA DR STE 201 NAPLES, FL 34103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>David G. Budd</u> 2/26/04 (239) 263-7700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

DAVID G. BUDD, VICE PRESIDENT