

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 004 ***150.00

DOCUMENT # P94000049011

1. Entity Name
PBS OF NAPLES, INC.



Principal Place of Business
**5899 NORTHRIDGE DR N
NAPLES, FL 34110 US**

Mailing Address
**5899 NORTHRIDGE DR N
NAPLES, FL 34110 US**

2. Principal Place of Business
1749 TARPON BAY DR S

3. Mailing Address
PO Box 1811

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34119

Country
011182

Zip
3406

Country
011182

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0513035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, PIERCE L
5899 NORTHRIDGE DR N
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name **BUTLER, PIERCE L**
Street Address (P.O. Box Number is Not Acceptable)
1749 TARPON BAY DR. S
City **NAPLES** FL Zip Code **34119**

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 *Pierce Butler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BUTLER, PIERCE**
STREET ADDRESS **5899 NORTHRIDGE DR N**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VP** ☐ Delete
NAME **BUTLER, JOAN**
STREET ADDRESS **5899 NORTHRIDGE DR NORTH**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BUTLER PIERCE**
STREET ADDRESS **1749 TARPON BAY DR S**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **VP** ☒ Change ☐ Addition
NAME **BUTLER JOAN**
STREET ADDRESS **1749 TARPON BAY DR S**
CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

Pierce Butler