


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 009 ***150.00

DOCUMENT # P94000067775 1. Entity Name BLUE MARLIN OF NAPLES, INC.					
Principal Place of Business 512 FOURTH AVENUE SOUTH NAPLES, FL 34102			Mailing Address 3811 ENTERPRISE AVENUE NAPLES, FL 34104		
2. Principal Place of Business 142 E. GRAND AVE. Suite, Apt. #, etc.		3. Mailing Address 142 E. GRAND AVE. Suite, Apt. #, etc.			
City & State FOX LAKE, IL.		City & State FOX LAKE, IL.			
Zip 60020	Country USA	Zip 60020	Country USA	4. FEI Number 65-0530425	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI, LEO J 4501 TAMiami TRAIL NORTH SUITE 300 330 NAPLES, FL 34103 - 306 0			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPD	NAME GRANT, DOUGLAS M		<input type="checkbox"/> Delete		
STREET ADDRESS 3811 ENTERPRISE AVENUE	CITY- ST- ZIP NAPLES, FL 34104		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME HARRISON, MILO D		<input type="checkbox"/> Delete		
STREET ADDRESS 817 WINDEMERE WAY	CITY- ST- ZIP NAPLES, FL 34105		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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)(f), 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>Milo D. Harrison</u> <u>MIL0 D. HARRISON</u> <u>4/22/04</u> <u>847-973-2115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					