

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 025 ***158.75

DOCUMENT # P94000072622

1. Entity Name

M-3 PARTNERS, INC.



Principal Place of Business

5551 RIDGEWOOD DR.
SUITE 203
NAPLES FL 34108-2718

Mailing Address

5551 RIDGEWOOD DR.
SUITE 203
NAPLES FL 34108-2718



2. Principal Place of Business

800 Laurel Oak Dr.
Suite, Apt. #, etc.
Suite 300

3. Mailing Address

800 Laurel Oak Dr.
Suite, Apt. #, etc.
Suite 300

1st MOORE

CR2E034 (10/04)

City & State

Naples FL
Zip 34108 Country USA

City & State

Naples FL
Zip 34108 Country USA

4. FEI Number

65-0536454

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME CORACE, RICHARD F
STREET ADDRESS 5551 RIDGEWOOD DR., STE. 203
CITY-ST-ZIP NAPLES FL

TITLE PDT ☐ Delete
NAME SHARPE KEITH A
STREET ADDRESS 5551 RIDGEWOOD DRIVE SUITE 203
CITY-ST-ZIP NAPLES FL

TITLE VSD ☐ Delete
NAME GRIFFIN, GERALD F II
STREET ADDRESS 5551 RIDGEWOOD DR., STE. 203
CITY-ST-ZIP NAPLES FL

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 800 Laurel Oak Dr. ☒ Change ☐ Addition
NAME Suite 300
STREET ADDRESS Naples FL 34108
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #