

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009046

FILED
Feb 16, 2004
Secretary of State

Entity Name: MAL ENTERPRISES OF NAPLES, INC.

Current Principal Place of Business:

3557 KENT DRIVE
NAPLES, FL 34112

New Principal Place of Business:

5761 WAXMYRTLE WAY
NAPLES, FL 34109

Current Mailing Address:

3557 KENT DRIVE
NAPLES, FL 34112

New Mailing Address:

5761 WAXMYRTLE WAY
NAPLES, FL 34109

FEI Number: 59-3290872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYKINS, ANTHONY W
3557 KENT DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

LYKINS, ANTHONY W
5761 WAXMYRTLE WAY
NAPLES, FL 34109 US

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.

SIGNATURE:

02/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LYKINS, ANTHONY W
Address: 3557 KENT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: LYKINS, CHARLES M
Address: 307 MEL JEN DRIVE
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: LYKINS, PAUL D
Address: 1302 WOODBRIDGE AVE
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: LYKINS, TONIA M
Address: 3557 KENT DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LYKINS, ANTHONY W
Address: 5761 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LYKINS, TONIA M
Address: 5761 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY W LYKINS

VP

02/16/2004

Electronic Signature of Signing Officer or Director

Date