2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

ANNOAL REPORT					<u> </u>	Secretary or State				
DOCUMENT # P95000012190 1. Entity Name LE JARDIN OF NAPLES, INC.						04-29-2005	90244 0	37 ***150	0.00	
Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103 US		Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103 US		1 (87)(78) (1)	. 18171 81111 88111 28111 ST	PID SEIPI ITEIE I	18 2 1 1718 1 711 89			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Number 65-0622654			<u> </u>	plied For Applicable	
Zip	Country	Zip Coun		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered	Agent		
CATALANO, ANTHONY J				Name						
	IAMI TRAIL NORTH			Street Address	dress (P.O. Box Number is Not Acceptable)					
NAPLES, I							1			
				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 above named agent.										
SIGNATURE Signature, typed or printed name of registered egent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
Signature, types or princer raine or registered again, a to line in appropriate. (NOTE: Insignation required mentionisticing)										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10	OFFICERS AND DIRECTORS 1				ADDITIONS/	CHANGES TO OF	FICERS AN	DIRECTOR:	3 IN 11	
TITLE	DP Delete 1		TITL	:	Change Additio				Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE			TITL					☐ Change	☐ Addition	
NAME	BAKER, RICHARD J	C Detete	NAM					☐ Change		
STREET ADDRESS	4200 GULF SHORE BLVD N		STRE	ET ADDRESS						
CITY-ST-ZIP	NAPLES, FL		CITY	-ST-ZIP						
TITLE	DVTS	☐ Delete	TITL	_				☐ Change	Addition	
NAME STREET ADDRESS	GUTMAN, HOWARD B 4200 GULF SHORE BLVD. NORT	ъ	NAM	ET ADDRESS						
CITY-ST-ZIP	NAPLES, FL			-ST-ZIP						
TITLE		☐ Delete	TITL	I				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	1		TITL					☐ Change	Addition	
NAME			NAM	l l						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE	l l				☐ Change	Addition	
NAMÉ STREET ADDRESS			NAM STRE	E ET ADDRESS						
CITY-ST-ZIP	. 1	1		-ST-ZIP						
	certify that the information supplies their	this filling does not qualify for	the eve	motion stated in 9	Paction 119 07/2)/	i) Florida Statutae	I further ce	rtify that the in	formation	

2. I hereby certify that the information supplier by the type filting 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 supplier by the type 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 of the type first by the type and the time 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 standards. With all other like empowered.

SIGNATURE:

HOWARD B. GUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.05

(239) 261-6100

Date

Daytime Phone #