

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2006 8:00 am
Secretary of State

08-22-2006 90031 004 ***550.00

DOCUMENT # P95000063466					
1. Entity Name GOURMET OF NAPLES, INC.					
Principal Place of Business 4077 TAMiami TRAIL NORTH D-101 NAPLES FL 34103 US			Mailing Address 4077 TAMiami TRAIL NORTH D-101 NAPLES FL 34103 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0610832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARD, ALEXANDER 4865 WEST BLVD. NAPLES FL 34103			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 _____ (NOTE: Registered Agents signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2006 Make Check Payable to Florida Department of State					
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERNARD, MONIKA <input type="checkbox"/> Delete 4865 WEST BLVD NAPLES FL 34103				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERNARD, ALEX <input type="checkbox"/> Delete 4865 WEST BLVD NAPLES FL 34103				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERNARD, ALEX <input type="checkbox"/> Delete 4865 WEST BLVD NAPLES FL 34103				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME 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 exemptions contained in Chapter 119, 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>Alexander Bernard</u> ALEXANDER BERNARD 8/31/06 239-262-4999					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					