

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90012 048 ***150.00

DOCUMENT # P96000059728					
1. Entity Name DMR OF NAPLES, INC.					
Principal Place of Business 12125 COLLIER BLVD. NAPLES, FL 34116 US			Mailing Address 12125 NAPLES, FL 34116		
2. Principal Place of Business		3. Mailing Address 12125 Collier Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples, FL			
Zip	Country	Zip 34116	Country USA	4. FEI Number 65-0685816	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEWART, JAMES C JR, ESQ 2121 COUNTY ROAD 951 SUITE 101 GOLDEN GATE, FL 33999			7. Name and Address of New Registered Agent Name JAMES C. STEWART, JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 9180 Galleria Court, Suite 700 City Naples, FL Zip Code 34109		
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: <u>James C. Stewart, Jr.</u> 2/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (If the registered agent signature is required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	D RICKARD, DAVID L <input type="checkbox"/> Delete 421 31ST STREET S.W. NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID L. RICKARD 421 31st Street SW Naples, FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT RICKARD 12125 Collier Boulevard Naples, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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 all other like empowered.					
SIGNATURE: <u>David L. Rickard</u>			DAVID L. RICKARD, Pres. 2/27/04 455-6649		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		