

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000094068

1. Entity Name
TONY R. INCORVATI, INC.



Principal Place of Business
322 MELROSE PLACE
NAPLES, FL 34104

Mailing Address
322 MELROSE PLACE
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092003

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3399058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORVATI, NANCY M
322 MELROSE PLACE
NAPLES, FL 34104

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME INCORVATI, NANCY M ☐ Delete
STREET ADDRESS 322 MELROSE PLACE
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition
NAME 200037806142
STREET ADDRESS 06/09/04--01065--018 **\$61.25
CITY-ST-ZIP

TITLE D
NAME INCORVATI, TONY R ☐ Delete
STREET ADDRESS 322 MELROSE PLACE
CITY-ST-ZIP NAPLES, FL 34104

TITLE VP
NAME Incorvati, Tony R. ☒ Change ☐ Addition
STREET ADDRESS 322 Melrose Place
CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Nancy M Incorvati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-04

Date

239-643-1224

Daytime Phone #

FILED

04 JUN -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

