2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000096490

1. Entity Name
HUGGS OF NAPLES, INC.

Principal Place of Business	Mailing Address
469 5TH AVENUE SOUTH NAPLES, FL 34102	469 5TH AVENUE SOUTH NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

01292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3412863	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKALLER, MARYANN
469 5TH AVENUE SOUTH
NAPLES, FL 34102

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SKALLER, MARYANN
STREET ADDRESS	234 SILVERADO DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VP
NAME	SKALLER, LAURENCE D
STREET ADDRESS	234 SILVERADO DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ MARYANN M. SKALLER · PRES 2/10/04 (239)435-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #