2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				May 03, 2004 08:00 A			
DOCU	MENT # P970000366			Secr	etary (of State	
1. Entity Nam AUTO VII	LLAGE OF NAPLES, INC.						
Principal Plac	e of Business	Mailing Address					-
15575 E TAI Naples, Fl	Miami trail	15575 E TAMIAMI TR NAPLES, FL 34114			ili läte tune unitt unitt suitt		夢7711 沙奈原城 小畑八田田 (2 小田田)
		· · · · · · · · · · · · · · · · · · ·					
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 65-074		CR2E034	Applied For Not Applicabl
	7 A. S.	70. May 1 de 200 a			of Status Desired		3.75 Additional e Required
	6. Name and Address of Current R	egistered Agent		·			
HALL, ROBERT S 155 OLD TAMIAMI TRAIL NAPLES, FL 34110					NOT W		
				IN	THIS SP	ACE	
8. The above the obligat	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Flo	rida. I am fan	niliar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Register	ed Agent signature requirer	d when reinstating)	<u> </u>	DATE	La Section 1997
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U000001! 05/04/04-8	54505 0169-02:	3 150.00
10.	OFFICERS AND D	RECTORS			·		
TITLE NAME	P HALL, ROBERT S						
STREET ADDRESS	155 OLD TAMIAMI TRAIL						
CITY-ST-ZIP	NAPLES, FL 34110						
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			4				
NAME							
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title Name				IN	THIS SP	ACE	
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CITY-ST-ZIP							
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STREET ADDRESS CITY+ST+ZIP							
TITLE			4		•	•	•
NAME		A F					
STREET ADDRESS			I				

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 trueted empowered/be execute this appropriate this officer of the corporation or the receiver or trueted empowered/be execute this appropriate this officer of the corporation or the receiver or trueted empowered by the state of the corporation or the receiver of the corporation or the receiver or trueted empowered by the state of the corporation or the receiver of the receiver of the receiver of the corporation or the receiver of the receiver of

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

417-6666 **J** Date

Daytime Phone #