

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90071 024 ***150.00

DOCUMENT # P97000047826					
1. Entity Name NAPLES COURT REPORTING, INC.					
Principal Place of Business 2770 S HORSESHOE DR STE 5 NAPLES, FL 34104 US			Mailing Address 2770 S HORSESHOE DR STE 5 NAPLES, FL 34104 US		
2. Principal Place of Business PO Box 750 Suite, Apt. #, etc. *		3. Mailing Address PO Box 750 Suite, Apt. #, etc.		24007727 	
City & State ESTERO FL		City & State		01272004 Chg-P CR2E034 (10/03)	
Zip 33928		Country LEE		4. FEI Number 65-0756971	
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 MALINE, JANICE RITA 2770 S HORSESHOE DR STE 5 NAPLES, FL 34104			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: <i>Lisa Holt</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 1-30-04 <small>(NOTE: Registered Agent signature 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 VPS	NAME MALENE, JANICE R		TITLE VPS	NAME MALINE, JANICE R	
STREET ADDRESS 2770 S HORSESHOE DR STE 5	CITY-ST-ZIP NAPLES, FL 34104		STREET ADDRESS P.O. Box 750	CITY-ST-ZIP ESTERO, FL 33928	
TITLE PT	NAME HOLT, LISA A		TITLE PT	NAME HOLT, LISA A	
STREET ADDRESS 2770 S HORSESHOE DR STE 5	CITY-ST-ZIP NAPLES, FL 34104		STREET ADDRESS P.O. Box 750	CITY-ST-ZIP ESTERO, FL 33928	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: <i>Lisa Holt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 1-30-04 <small>Daytime Phone #</small>		