

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065262

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: SANCTUARY SKATE PARK-COLLIER, INC.

**Current Principal Place of Business:**

6099 SHALLOWS WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

1045 COLLIER CENTER WAY  
SUITE 1  
NAPLES, FL 34110

**Current Mailing Address:**

6099 SHALLOWS WAY  
NAPLES, FL 34109

**New Mailing Address:**

1045 COLLIER CENTER WAY  
SUITE 1  
NAPLES, FL 34110

FEI Number: 59-3465286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICE, LINDA  
6099 SHALLOWS WAY  
NAPLES, FL 34109

**Name and Address of New Registered Agent:**

RICE, LINDA  
1045 COLLIER CENTER WAY  
SUITE 1  
NAPLES, FL 34110

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.

SIGNATURE: LINDA RICE

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICE, LINDA  
Address: 6099 SHALLOWS WAY  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: D'AMICO, LINDY M  
Address: 6099 SHALLOWS WAY  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MILLER, DALE L  
Address: 1000 BUFFALO ROAD  
City-St-Zip: LEWISBURG, PA 17837

Title: STD (X) Change ( ) Addition  
Name: BARRICK, KELLY L  
Address: 1000 BUFFALO ROAD  
City-St-Zip: LEWISBURG, PA 17837

Title: DIR ( ) Change (X) Addition  
Name: MILLER, MATTHEW M  
Address: 1000 BUFFALO ROAD  
City-St-Zip: LEWISBURG, PA 17837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE L. MILLER

DP

04/14/2004

Electronic Signature of Signing Officer or Director

Date