

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 039 ***150.00

DOCUMENT # P97000071415

1. Entity Name

VANDERBILT ENTERPRISES, INC.



Principal Place of Business

4501 NORTH TAMiami TRAIL
#300
NAPLES FL 34103

Mailing Address

4501 NORTH TAMiami TRAIL
#300
NAPLES FL 34103

2. Principal Place of Business

1395 Panther Ln

3. Mailing Address

1395 Panther Ln

Suite, Apt. #, etc.

Ste 300

Suite, Apt. #, etc.

Ste 300

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

6. Name and Address of Current Registered Agent

HAINS, TIMOTHY
4501 NORTH TAMiami TRAIL
#300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Timothy Hains

Street Address (P.O. Box Number is Not Acceptable)
1395 Panther Ln Ste 300

City
Naples,

FL

Zip Code
34109

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

Timothy Hains

Timothy Hains, Registered Agent

2-12-04

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

***Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WATERS, JOHN J JR
STREET ADDRESS 4001 TAMiami TRAIL N, STE 425
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

JOHN J. WATERS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

239 263-1999

Daytime Phone #