

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080095

1. Entity Name
FIFTH AVENUE WINE BAR, INC.



Principal Place of Business
862 5TH AVE S
NAPLES, FL 34102 US

Mailing Address
3936 TAMIAMI TRAIL NORTH
STE B
NAPLES, FL 34103 US



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0782842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VOGEL, RICHARD M
3936 TAMIAMI TRAIL NORTH
STE B
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP | D PATE, CLOYDE 999 8TH ST SOUTH IB NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VOGEL, RICHARD M 3936 TAMIAMI TRAIL NORTH STE B NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD SHELLY, ANN PATE 1475 CURLEW AVE. #1 NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1100000139657
04/29/04-80129-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 239/403-771