04-29-'04 14:10 FROM-

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90695 003 ***150.00

DOCUMENT # P97000091926

1. Entity Name
HAUN FINANCIAL CENTER OF NAPLES, INC.

Principal Place of Business	Mailing Address
4100 CORPORATE SQUARE STE 155 NAPLES, FL 34104	4100 CORPORATE SQUARE STE 155 NAPLES, FL 34104

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2681 AIRPORT RD S	2681 AIRPORT RD S
Suite, Apt. #, etc. C/103	Suite, Apt. #, etc. C/103
City & State NAPLES	City & State NAPLES
Zip 34112 Country US	Zip 34112 Country US

4. FEI Number 59-3476846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAUN, JEANNE M 4100 CORPORATE SQUARE STE 155 NAPLES, FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) 2681 AIRPORT RD S STE C/103 City NAPLES FL Zip Code 34112

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUN, JEANNE M 4100 CORPORATE SQUARE #155 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2681 AIRPORT RD S # C/103 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUN, MICHAEL N 4100 CORPORATE SQUARE #155 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2681 AIRPORT RD S # C/103 NAPLES, FL 34112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jeanne M Haun, Pres 4/27/04 239-403-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #