

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90048 044 ***158.75

DOCUMENT # P98000076367

1. Entity Name
JLK OF NAPLES, INC.



Principal Place of Business
5870 WASHINGTON STREET
UNIT B
NAPLES, FL 34109

Mailing Address
5870 WASHINGTON STREET
UNIT B
NAPLES, FL 34109

24056107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3535136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOSS, RONALD E
5870 WASHINGTON STREET
UNIT B
NAPLES, FL 34109

Name **NEWTON, ROBERT E.**
Street Address (P.O. Box Number is Not Acceptable)
5870 WASHINGTON ST
UNIT B
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 Robert E. Newton
Signature, typed or printed name of registered agent and title if applicable.

04/22/2004
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☒ Delete
NAME **DOSS, RONALD E**
STREET ADDRESS **5870 WASHINGTON STREET UNIT B**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **DPVST** ☐ Change ☒ Addition
NAME **ROBERT E. NEWTON**
STREET ADDRESS **5870 Washington, Unit B**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **PVST** ☒ Delete
NAME **DOSS, RONALD E**
STREET ADDRESS **5870 WASHINGTON STREET UNIT B**
CITY-ST-ZIP **NAPLES, FL 34109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Robert E. Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04 239-253-4372
Date Daytime Phone #