
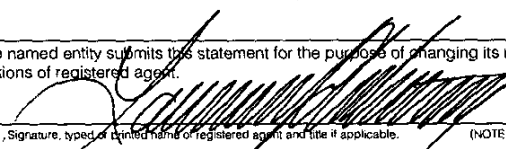
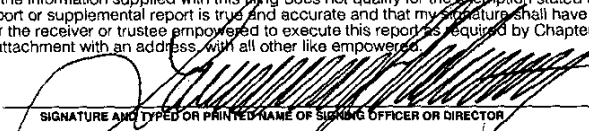


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90007 044 ***150.00

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DOCUMENT # P98000084579 1. Entity Name REGENT PLACE, INC.					
Principal Place of Business C/O CHASTANG, FERRELL, SIMS, & EISERIM 4001 TAMiami TRAIL N STE 285 NAPLES, FL 34103 US			Mailing Address C/O CHASTANG, FERRELL, SIMS, & EISERIM 4001 TAMiami TRAIL N STE 285 NAPLES, FL 34103 US		
2. Principal Place of Business 999 VANDERBILT BEACH RD.		3. Mailing Address 999 VANDERBILT BEACH RD.			
Suite, Apt. #, etc. 601		Suite, Apt. #, etc. 601			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34108		Country USA		4. FEI Number 59-3535261	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHASTANG, LAWRENCE J 4001 TAMiami TRAIL N STE 285 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name SAME (CHASTANG, LAWRENCE J.) Street Address (P.O. Box Number is Not Acceptable) 999 VANDERBILT BEACH RD., STE 601 City NAPLES State FL Zip Code 34108		
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:  DATE: 1/12/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHASTANG, LAWRENCE J 4001 TAMiami TRAIL N STE 285 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTANG, LAWRENCE J. 999 VANDERBILT BEACH RD., STE 601 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 1/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					