

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000090098

1. Entity Name
NAPLES COASTAL REALTY, INC.



Principal Place of Business
3400 EAST LAFAYETTE
DETROIT, MI 48207

Mailing Address
3400 EAST LAFAYETTE
DETROIT, MI 48207

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3539151

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ATHAN, G. HELEN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

**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 _____ (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	VD GRIFFIN, GERALD F II 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORACE, RICHARD F 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRANK, BRYANT M 3400 EAST LAFAYETTE DETROIT, MI 48207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARPE, KEITH A 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOAVE, ANTHONY 3400 EAST LAFAYETTE DETROIT, MI 48207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/04-80074-003 150.00

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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)(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: Bryant M. Frank **BRYANT M. FRANK** 4/19/04 313.517.7000

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