

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 8:00 am
Secretary of State

04-30-2004 90252 005 ***150.00

DOCUMENT # P99000012691 1. Entity Name JCC OF NAPLES, INCORPORATED	
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Principal Place of Business 999 9TH ST. S. # 203 NAPLES, FL 34102 US	Mailing Address 999 9TH ST. S. # 203 NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0045338	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VERDESCA, EDWARD 999 9TH ST. S. SUITE 203 NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____

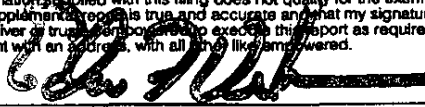
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P VERDESCA, EDWARD J 4301 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST VERDESCA, MARY E 4301 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 responsible 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 #