2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P99000070397

Entity Name: TEAM NAPLES, INC.

Current Principal Place of Business:

4440 DOMESTIC AVE.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 416
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 52-2226941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, HENRY
1063 OLD MARCO LANE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOWE, HENRY
Address: 1063 OLD MARCO LANE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: VP ( ) Delete
Name: CLEMINSON, JUDY
Address: 833 TERYL ST.
City-St-Zip: NAPLES, FL 34112 US

Title: S ( ) Delete
Name: CHAMBERS, JENNIFER
Address: 28072 CAVENDISH CT.
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: T ( ) Delete
Name: MATTELL, LORI
Address: 4277 EXCHANGE AVE.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI MATTELL T 03/16/2004

Electronic Signature of Signing Officer or Director Date