

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111241

FILED
Apr 30, 2004
Secretary of State

Entity Name: MA-KIN OF NAPLES, INC.

Current Principal Place of Business:

PIER 41
1200 5TH AVE. S.
NAPLES, FL 34102 08

New Principal Place of Business:

Current Mailing Address:

PIER 41
1200 5TH AVE. S.
NAPLES, FL 34102 08

New Mailing Address:

FEI Number: 59-3617572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDKINS, DAVID F
173 NINTH STREET SOUTH
NAPLES, FL 34102 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: D () Delete
Name: EDKINS, DAVID F
Address: 1257 INGRAHAM STREET
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MALO, OURIM R
Address: 1183 INGRAHAM STREET
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDKINS, DAVID F
Address: 1512 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

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: DAVID F. EDKINS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date