

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90050 016 \*\*\*150.00

**DOCUMENT # S26123**

1. Entity Name  
**PREMIUM TRAVEL OF NAPLES, INC.**



Principal Place of Business  
**PINE RIDGE CROSSING**  
**2342 PINE RIDGE RD.**  
**NAPLES, FL 34109**

Mailing Address  
**PINE RIDGE CROSSING**  
**2342 PINE RIDGE RD.**  
**NAPLES, FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**125 Aviation Dr. S**

Suite, Apt. #, etc.  
**Same**

City & State  
**Naples, FL**

City & State

Zip  
**34104**

Country  
**Collier**



01092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0235276**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RELIABLE AGENTS, INC.**  
**801 BRICKELL AVENUE**  
**SUITE 1100**  
**MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MENCHELLA, ANTHONY J**  
**2342 PINE RIDGE RD**  
**NAPLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
☐ Change ☐ Addition

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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, 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, or other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**1-16-04**  
**239**  
**435-7997**