


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # S96057</b><br>1. Entity Name<br>ALL SEASONS OF NAPLES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6245 LEE ANN LANE<br>NAPLES, FL 34109 US | Mailing Address<br>6245 LEE ANN LANE<br>NAPLES, FL 34109 US |
|---|---|



02242004 No Chg-P CR2E034 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0305114                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>SCHRACK, ERIC W<br>1118 ROSEMARY LANE<br>NAPLES, FL 34103 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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: \_\_\_\_\_  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>SCHRACK, ERIC W.<br>1118 ROSEMARY LANE<br>NAPLES, FL 34103     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>SCHRACK, WILLIAM G<br>2866 13TH STREET N.<br>NAPLES, FL 34102 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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 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: Eric W. Schrack 3/9/04 (239) 566-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Eric W. Schrack, President