


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90094 002 ***150.00

DOCUMENT # V45991 1. Entity Name RICK MOORE FINE ART AT WATERSIDE, INC.					
Principal Place of Business 5455 TAMiami TR N 508 NAPLES, FL 34108 US			Mailing Address 5455 TAMiami TR N 508 NAPLES, FL 34108 US		
2. Principal Place of Business 4230 Gulf Shore Blvd Suite, Apt. #, etc.			3. Mailing Address 4230 Gulf Shore Blvd N. Suite, Apt. #, etc.		
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-0343579	
Zip 34103		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI, LEO J 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 33940-3060				7. Name and Address of New Registered Agent Name Leo Salvatori Street Address (P.O. Box Number is Not Acceptable) 4501 TAMiami TRAIL N. #330 City Naples FL Zip Code 34103	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	PST MOORE, RICK 4038 OLD TRAIL WAY NAPLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Rick Moore Pres.</i></u> Rick Moore Pres. 3/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44029210



03202004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Leo Salvatori**
 Street Address (P.O. Box Number is Not Acceptable)
4501 TAMiami TRAIL N.
#330
 City **Naples** **FL** Zip Code **34103**

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9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *Rick Moore Pres.* **Rick Moore Pres.** **3/21/04**
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