

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66781

1. Entity Name
SPB OF NAPLES, INC.



Principal Place of Business
5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES, FL 34108

Mailing Address
5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES, FL 34108

FILED

04 JAN 23 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0360258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

800028314468

02/05/04--01006--009 **1401 25

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

TITLE	DTS
NAME	CORACE, RICHARD F
STREET ADDRESS	5551 RIDGEWOOD DR.
CITY-ST-ZIP	NAPLES, FL 33963
TITLE	DVS
NAME	GRIFFIN, GERALD F
STREET ADDRESS	5551 RIDGEWOOD DR.
CITY-ST-ZIP	NAPLES, FL 33963
TITLE	PD
NAME	SHARPE, KEITH A
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

239 546 2800

Daytime Phone #