

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001273

FILED
Aug 16, 2004
Secretary of State

Entity Name: BAYSHORE OF NAPLES, INC.

Current Principal Place of Business:

4500 BAYSHORE DRIVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

1720 N KINSER PIKE
BLOOMINGTON, IN 47404

New Mailing Address:

FEI Number: 35-2039271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DVORAK, PETER
3825 CLIPPER LANE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

DVORAK, PETER
497 HENLEY DR
NAPLES, FL 34104 US

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: PETER DVORAK

08/16/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DVORAK, PETER
Address: 1720 N. KINSER PIKE
City-St-Zip: BLOOMINGTON, IN

Title: SD () Delete
Name: MITCHELL, TIM J
Address: 1720 N KINSER PIKE
City-St-Zip: BLOOMINGTON, IN

Title: D () Delete
Name: BENDER, JOHN W
Address: 1720 N KINSER PIKE
City-St-Zip: BLOOMINGTON, IN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER DVORAK

PD

08/16/2004

Electronic Signature of Signing Officer or Director

Date