

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000022840

1. Entity Name  
M-2 PARTNERS, INC.

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

Mailing Address  
5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES, FL 34108

FILED

04 JAN 22 AM 10:28



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0399132

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)

DATE

100027491811

01/23/04--01016--020 \*\*1380.00

**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	DVS
NAME	CORACE, RICHARD
STREET ADDRESS	5551 RIDGEWOOD DR.
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	GRIFFIN, GERALD F
STREET ADDRESS	5551 RIDGEWOOD DRIVE, #203
CITY - ST - ZIP	NAPLES, FL
TITLE	DPTS
NAME	SHARPE, KEITH A
STREET ADDRESS	5551 RIDGEWOOD DRIVE, #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

239 564 2800

Daytime Phone #