

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90107 008 \*\*\*158.75



**DOCUMENT # V70239**  
 1. Entity Name  
**M-1 PARTNERS, INC.**

Principal Place of Business  
**5551 RIDGEWOOD DR  
 SUITE 203  
 NAPLES FL 34108  
 US**

Mailing Address  
**5551 RIDGEWOOD DR  
 SUITE 203  
 NAPLES FL 34108  
 US**



2. Principal Place of Business  
**800 Laurel Oak Dr.  
 Suite, Apt. #, etc.  
 Suite 300  
 City & State  
 Naples FL  
 Zip  
 34108  
 Country  
 USA**

3. Mailing Address  
**800 Laurel Oak Dr.  
 Suite, Apt. #, etc.  
 Suite 300  
 City & State  
 Naples FL  
 Zip  
 34108  
 Country  
 USA**

1st MOORE CR2E034 (10/04)

4. FEI Number **65-0361889** 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**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SHAPE, KEITH A 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CORACE, RICHARD F 5551 RIDGEWOOD DRIVE, #203 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARDLE, DAVID 5551 RIDGEWOOD DR, STE. 203 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Laurel Oak Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 Naples FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Laurel Oak Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 Naples FL 34108
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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"/> 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: [Signature] DATE: 3/30/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #