


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 634154

1. Entity Name
CERVELLI & PIAZZA P.A.



Principal Place of Business Mailing Address

1848 AIRPORT ROAD SOUTH 1848 AIRPORT ROAD SOUTH
 NAPLES, FL 34112-816 US NAPLES, FL 34112 US

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1932123 Not Applicable

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

6. Name and Address of Current Registered Agent

CERVELLI, RICHARD I
 1848 AIRPORT ROAD S
 NAPLES, FL 34112

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	CERVELLI, RICHARD I
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL
TITLE	ST
NAME	ROBIN, ROBERTA
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	PIAZZA, FRANK W
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL 34112816
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/09/04-80092-010 150.00

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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 empowerments.

SIGNATURE: *Richard Cervelli* Richard I Cervelli 2/4/04 239-774-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #