

2006 FOR PROFIT CORPORATION,
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 634154



1. Entity Name
CERVELLI & PIAZZA P.A.

2. Principal Place of Business
1848 AIRPORT ROAD SOUTH
NAPLES, FL 34112-816 US

3. Mailing Address
1848 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1932123

Applied For
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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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000398247
01/30/06-80086-017 150.00

OFFICERS AND DIRECTORS

PD
CERVELLI, RICHARD I
1848 AIRPORT ROAD SOUTH
NAPLES, FL

ST
ROBIN, ROBERTA
1848 AIRPORT ROAD SOUTH
NAPLES, FL

V
PIAZZA, FRANK W
1848 AIRPORT ROAD SOUTH
NAPLES, FL 34112816

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard I Cervelli* Richard I Cervelli x 1/17/06 239-774-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #