2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # G07642

1. Entity Name
KNOTT, CONSOER, EBELINI, HART & SWETT, P.A.

Principal Place of Business	Mailing Address
1625 HENDRY STREET STE 301 FORT MYERS, FL 33902 US	1625 HENDRY STREET STE 301 FORT MYERS, FL 33902 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2228541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EBELINI, MARK A
1625 HENDRY ST
STE 301
FORT MYERS, FL 33901

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)

000000780329
01/23/08-30029-023 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DAS
NAME	SWETT, HOWARD A
STREET ADDRESS	1625 HENDRY ST, S-301
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	DV
NAME	CONSOER, GEORGE L.
STREET ADDRESS	1625 HENDRY ST, S-301
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	DP
NAME	KNOTT, GEORGE H.
STREET ADDRESS	1625 HENDRY ST., S-301
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DS
NAME	EBELINI, MARK A.
STREET ADDRESS	1625 HENDRY ST., S-301
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DT
NAME	HART, THOMAS B
STREET ADDRESS	1625 HENDRY STREET, S-301
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DAT
NAME	HAAK, AARON A
STREET ADDRESS	1625 HENDRY STREET, S-301
CITY-ST-ZIP	FT. MYERS, FL 33901

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12. 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: _____ 1/7/08 239-334-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #