

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90280 009 ***150.00

DOCUMENT # P05000057758

1. Entity Name
DANIEL A TRIPALDI PA



Principal Place of Business
6889 STERLING GREENS DRIVE
NAPLES, FL 34104

Mailing Address
6889 STERLING GREENS DRIVE
NAPLES, FL 34104

40087010



04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
108 Glen Eagle Circle
Suite, Apt. #, etc.

3. Mailing Address
108 Glen Eagle Circle
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-2744342

Applied For
Not Applicable

Zip
34104-5713

Country
USA

Zip
34104-5713

Country
USA

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

6. Name and Address of Current Registered Agent

FOSTH ACCOUNTING PA
501 GOODLETTE RD N
D-304
NAPLES, FL 34102

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRIPALDI, DANIEL A
6889 STERLING GREENS DRIVE
NAPLES, FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Tripaldi, Daniel A
108 Glen Eagle Circle
Naples, FL 34104-5713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D. A. Tripaldi

4/27/06