


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90033 048 \*\*\*150.00

**DOCUMENT # P93000050831**  
 1. Entity Name  
**GUALARIO, LIGHT & ANDREWS, P.A.**



Principal Place of Business Mailing Address  
**791 10TH ST. SOUTH SUITE A NAPLES, FL 34102 US**      **791 10TH ST. SOUTH SUITE A NAPLES, FL 34102 US**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

**44003799**  
 01062004 Chg-P CR2E034 (10/03)  
 4. FEI Number **65-0421286** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**GUALARIO, ANTHONY J**  
**551 NEAPOLITAN LANE**  
**NAPLES, FL 33940**

**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, 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	PS	<input type="checkbox"/> Delete
NAME	GUALARIO, ANTHONY J	
STREET ADDRESS	551 NEAPOLITAN LANE	
CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LICHT, MICHAEL A	
STREET ADDRESS	7573 CORDOBA CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDREWS, PATRICIA	
STREET ADDRESS	P.O. BOX 1301	
CITY-ST-ZIP	NAPLES, FL 34106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officers empowered.

**SIGNATURE:** *[Signature]* **1/19/04** **239-262-4513**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #