


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000050831**  
1. Entity Name  
GUALARIO, LICHT, ANDREW & GALATI, P.A.



Principal Place of Business: 7400 TAMIAMI TRAIL, NORTH SUITE 101 NAPLES, FL 34108 US  
Mailing Address: 7400 TAMIAMI TRAIL, NORTH SUITE 101 NAPLES, FL 34108 US



**DO NOT WRITE IN THIS SPACE**

01132005 No 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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PS GUALARIO, ANTHONY J 551 NEAPOLITAN LANE NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LICHT, MICHAEL A 7573 CORDOBA CIRCLE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREWS, PATRICIA P.O. BOX 1301 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80044-003 150.00

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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)(f), 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: 2/15/05 Daytime Phone #: 239-262-4513