## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # K16078**

1. Entity Name

GENTILE, HOLLOWAY, O'MAHONEY & ASSOCIATES, INC., LANDSCAPE ARCHITECTS, PLANNERS,

**ENVIRONMENTAL C** 

Principal Place of Business

1907 COMMERCE LANE

STE 101 JUPITER, FL 33458 US

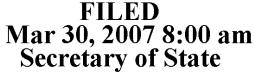


Mailing Address

1907 COMMERCE LANE

STE 101

JUPITER, FL 33458 US



03-30-2007 90125 017 \*\*\*158.75

40045110



03012007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0033418

Applied For Not Applicable

5. Certificate of Status Desired

×

\$8.75 Additional Fee Required

| 6. | Name | and | Address of | Current | Registered | Agent |
|----|------|-----|------------|---------|------------|-------|

GENTILE, GEORGE G. 9438 SOUTHERN OAK LANE JUPITER, FL 33478

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat              | named entity submits this statement for the p ions of registered agent.    | urpose of changing its regist                    | ered office or re    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |  |
|---------------------------------------|--|--|----------------------|--------------------------------|--|--|
| SIGNATURE                             | Signature, typed or printed name of registered agent and title i           | l applicable. (NOTE: Registe                     | ered Agent signature | required when reinstating)     | DATE   |  |
| FIL<br>After M                        | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                | Election Campaign Fin     Trust Fund Contributio |                      | \$5.00 May Be<br>Added to Fees |  |  |
| 10. OFFICERS AND DIRECT               |  | CTORS  | I                    |                                | <del></del>  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD<br>GENTILE, GEORGE<br>1907 COMMERCE LANE STE 101<br>JUPITER, FL 33458 |  |                      |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                      |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | . 5.00   |                      | DO                             | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                      | IN THIS SPACE                  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |                      |                                |  |  |
| TITLE NAME STREET ADDRESS             |  |  |                      |                                |  |  |

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 additional second like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR