

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90029 013 \*\*\*\*50.00



DOCUMENT # L05000051659	
1. Entity Name ANTHONY AND SONS LLC	
Principal Place of Business 5249 BERKELEY DRIVE NAPLES FL 34112 US	Mailing Address 5249 BERKELEY DRIVE NAPLES FL 34112 US
2. Principal Place of Business - No P.O. Box # 7825 Founders Circle Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10999 Suite, Apt. #, etc.



1st MOORE CR2E083 (10/06)

City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 20-2887383	Applied For <input type="checkbox"/> Not Applicable
Zip 34104	Country US	Zip 34104	Country US
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent DEBELLA, ANTHONY J 5249 BERKELEY DRIVE NAPLES FL 34112		7. Name and Address of New Registered Agent Name: ANTHONY J DeBella Street Address (P.O. Box Number is Not Acceptable): 7825 Founders Circle City: NAPLES FL Zip Code: 34104	
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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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR DEBELLA, ANTHONY 5249 BERKELEY DR NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ANTHONY DeBella 7825 Founders Circle NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #