

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 580397 1. Entity Name WOODWARD, PIRES & LOMBARDO, P.A.	
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Principal Place of Business 606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US	Mailing Address 606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1842760	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R.
606 BALD EAGLE DRIVE, SUITE 500
ISLAND TOWER BUILDING
MARCO ISLAND, FL 34145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U000000055885 02/18/04-80022-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODWARD, MARK J 606 BALD EAGLE DR, S500 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODWARD, CRAIG R 606 BALD EAGLE DR, S500 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PIRES, ANTHONY P. 3200 TAMiami TRAIL N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS LOMBARDO, CHRISTOPHER J. 3200 TAMiami TRAIL N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____ **DATE:** 2/18/04 **DAYTIME PHONE #:** 239-1394-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR