

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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	

000001387697 01/19/06-80046-025 150.00 DO NOT WRITE IN THIS SPACE
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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 address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG R WOODWARD

1/19/06 239-394-561