2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 580397

1. Entity Name
WOODWARD, PIRES & LOMBARDO, P.A.

Principal Place of Business	Mailing Address
606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US	606 BALD EAGLE DRIVE, SUITE 500 P. O. BOX ONE MARCO ISLAND, FL 34146 US

01072008 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

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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 _____ 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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000793355
01/25/08-80005-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPTD
NAME	WOODWARD, MARK J
STREET ADDRESS	606 BALD EAGLE DR, S500
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	PD
NAME	WOODWARD, CRAIG R
STREET ADDRESS	606 BALD EAGLE DR, S500
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VPD
NAME	PIRES, ANTHONY P.
STREET ADDRESS	3200 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VDS
NAME	LOMBARDO, CHRISTOPHER J.
STREET ADDRESS	3200 TAMIAMI TRAIL N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VPD
NAME	BLOUNT, STEVEN V
STREET ADDRESS	3200 TAMIAMI TRAIL NO. STE. 200
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VPD
NAME	LADEMAN, CARRIE E
STREET ADDRESS	3200 TAMIAMI TRAIL N., ST., 200
CITY-ST-ZIP	NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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: _____ 1/15/08 239-394-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAIL TO WOODWARD