


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90024 031 ***150.00

DOCUMENT # 633039 1. Entity Name JOHN A. STEINWAND, P.A.			
Principal Place of Business 5877 NORTH RIDGE DRIVE NAPLES FL 34110		Mailing Address 12796 AVIANO DRIVE NAPLES FL 34105	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 12796 AVIANO DR		3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07)	
City & State NAPLES, FL		4. FE# Number 59-1989772	
Zip 34105		Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINWAND, JOHN A. 12796 AVIANO DRIVE NAPLES FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>John A. Steinwand</i></u> P/D/T <small>Signature, name, and principal name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEINWAND, JOHN A 5877 NORTH RIDGE DRIVE NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12796 AVIANO DR. NAPLES, FL 34105
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u><i>John A. Steinwand</i></u> P/D/T		DATE: <u>4-27-08</u> DAYONE FEE # <u>239-643-5688</u>	