

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 011 ***150.00

DOCUMENT # 633274

1. Entity Name

MARIO LAMENDOLA, ARCHITECT, P.A.



Principal Place of Business
~~371 COMMERCIAL BLVD~~
NAPLES FL 34104
US

Mailing Address
~~371 COMMERCIAL BLVD~~
NAPLES FL 34104
US



2. Principal Place of Business - No P.O. Box #

3550 Westview Dr.

Suite, Apt. #, etc.

Suite 102

City & State

Naples, Florida

Zip

34108

Country

US

3. Mailing Address

3550 Westview Dr.

Suite, Apt. #, etc.

Suite 102

City & State

Naples, Florida

Zip

34108

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-6475382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMENDOLA, MARIO

~~371 COMMERCIAL BLVD~~

NAPLES FL 34104

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	LAMENDOLA, MARIO	
STREET ADDRESS	371 COMMERCIAL BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOLTZ, JEFFREY	
STREET ADDRESS	371 COMMERCIAL BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMENDOLA, PATRICIA	
STREET ADDRESS	5029 31ST AVE SW	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 an other like empowered.

SIGNATURE:

Mario Lamendola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 (239) 262-4788
Date Daytime Phone #