


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90032 037 \*\*\*150.00

**DOCUMENT # 633274**

1. Entity Name  
**MARIO LAMENDOLA, ARCHITECT, P.A.**



Principal Place of Business      Mailing Address

3550 WESTVIEW DR.  
 SUITE 102  
 NAPLES FL 34108  
 US

3550 WESTVIEW DR.  
 SUITE 102  
 NAPLES FL 34108  
 US



2. Principal Place of Business - No P.O. Box #  
**3550 WESTVIEW DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State  
**NAPLES, FL**

City & State  
**SAME**

Zip  
**34104**

Country  
**U.S.**

Zip  
 Country

4. FEI Number      Applied For

**59-6475382**      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  
**MARIO LAMENDOLA**

Street Address (P.O. Box Number is Not Acceptable)  
**3550 WESTVIEW DRIVE**

City  
**NAPLES**      FL      Zip Code  
**34104**

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 *Mario Lamendola*      *Mario Lamendola*      DATE **2/9/08**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.)      **MARIO LAMENDOLA**

**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      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE   | Change                              | Addition                            |
|---|-------------------------------------|-------------------------------------|
| NAME<br><b>PRESIDENT.</b><br><b>MARIO LAMENDOLA</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| STREET ADDRESS<br><b>3550 WESTVIEW DRIVE</b>        |                                     |                                     |
| CITY-ST-ZIP<br><b>NAPLES, FL. 34104</b>             |                                     |                                     |
| NAME<br><b>V.P.</b><br><b>PATRICIA LAMENDOLA</b>    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| STREET ADDRESS<br><b>5039 31ST AVE SW</b>           |                                     |                                     |
| CITY-ST-ZIP<br><b>NAPLES, FL 34106</b>              |                                     |                                     |
| NAME<br><b>S PATRICIA LAMENDOLA</b>                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| STREET ADDRESS<br><b>5039 31ST AVE S.W.</b>         |                                     |                                     |
| CITY-ST-ZIP<br><b>NAPLES, FL. 34116</b>             |                                     |                                     |
| NAME  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| STREET ADDRESS                                      |                                     |                                     |
| CITY-ST-ZIP   |                                     |                                     |
| NAME  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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, and all other like empowered.

SIGNATURE: *Mario Lamendola*      *Mario Lamendola*      DATE **2/9/08**      (239) 262-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **MARIO LAMENDOLA**      Date      Daytime Phone