

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 634154

1. Entity Name
CERVELLI & PIAZZA P.A.



Principal Place of Business
**1848 AIRPORT ROAD SOUTH
NAPLES, FL 34112-816 US**

Mailing Address
**1848 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1932123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CERVELLI, RICHARD I
1848 AIRPORT ROAD S
NAPLES, FL 34112**

**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 _____

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CERVELLI, RICHARD I
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL

TITLE	ST
NAME	ROBIN, ROBERTA
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL

TITLE	V
NAME	PIAZZA, FRANK W
STREET ADDRESS	1848 AIRPORT ROAD SOUTH
CITY-ST-ZIP	NAPLES, FL 34112816

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80092-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard I Cervelli

Richard I Cervelli

Date

2/4/04

239-774-1717

Daytime Phone #