

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 654355**

1. Entity Name

CARDILLO, KEITH & BONAQUIST, P.A.



Principal Place of Business

3550 EAST TAMiami TRAIL  
NAPLES, FL 34112

Mailing Address

3550 EAST TAMiami TRAIL  
NAPLES, FL 34112

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2053034

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARDILLO, JOHN P  
3550 EAST TAMiami TRAIL  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	KEITH, WILLIAM D
STREET ADDRESS	3550 E. TAMiami TRL.
CITY-ST-ZIP	NAPLES, FL 00000.
TITLE	DP
NAME	CARDILLO, JOHN P
STREET ADDRESS	3550 E. TAMiami TRL
CITY-ST-ZIP	NAPLES, FL 00000,
TITLE	DS
NAME	BONAQUIST, JAMES
STREET ADDRESS	3550 E TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00001507871  
04/21/06-20084-014 158.75

**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: *J. Bonaquist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.06

Date

239.714.2229

Daytime Phone #