

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 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**



03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

1011  
NAME  
DVT  
KEITH, WILLIAM D  
STREET ADDRESS  
3550 E. TAMiami TRAIL  
CITY- ST- ZIP  
NAPLES, FL 00000

1012  
NAME  
DP  
CARDILLO, JOHN P  
STREET ADDRESS  
3550 E. TAMiami TRAIL  
CITY- ST- ZIP  
NAPLES, FL 00000

1013  
NAME  
DS  
BONAQUIST, JAMES  
STREET ADDRESS  
3550 E TAMiami TRAIL  
CITY- ST- ZIP  
NAPLES, FL

1014  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1015  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1016  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000686743  
04/10/07-80012-008 158.75

**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 reports 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/07**

Date Daytime Phone #