


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G01213</b>	
1. Entity Name JOHN N. BRUGGER, P.A.	

Principal Place of Business 600 5TH AVENUE, SOUTH SUITE 207 NAPLES, FL 34102 US	Mailing Address 600 5TH AVENUE, SOUTH SUITE 207 NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2222011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRUGGER, JOHN N  
600 FIFTH AVENUE SOUTH, SUITE 207  
NAPLES, FL 34102

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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 \_\_\_\_\_

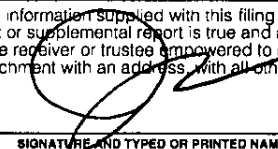
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000866709 04/08/08-80041-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRUGGER, JOHN N 600 FIFTH AVE SOUTH, SUITE 207 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **John N. Brugger** 3/20/08 234-263-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #