


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90140 037 \*\*\*158.75

**DOCUMENT # G43590**  
 1. Entity Name  
**AUBREY J. FERRAO, P.A.**



Principal Place of Business  
**3200 TAMIAMI TRAIL N.  
 SUITE 200  
 NAPLES, FL 34103 US**

Mailing Address  
**3200 TAMIAMI TRAIL N.  
 SUITE 200  
 NAPLES, FL 34103 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-2298380**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK J.  
 WOODWARD, PIRES & LOMBARDO, P.A.  
 3200 TAMIAMI TRAIL N., STE 200  
 NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRAO, AUBREY J 3470 CLUB CENTER BLVD. NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARISI, JOSEPH L 3470 CLUB CENTER BLVD. NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, MARK 3200 TAMIAMI TRAIL N NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINARDO, ANTHONY 3470 CLUB CENTER BOULEVARD NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Joseph Livio Parisi **Director** **4/11/06** **(239) 732-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph Livio Parisi