

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32209

FILED
Jan 20, 2009
Secretary of State

Entity Name: GRAVINA, SMITH & MATTE, INC.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD
SUITE 160
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD
SUITE 160
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2727278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVINA, PETER J.
1833 HENDRY ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAVINA, AMY,
Address: 1520 ROYAL PALM SQUARE BLVD., #160
City-St-Zip: FORT MYERS, FL 33919

Title: VPS () Delete
Name: SMITH, LAUREL
Address: 1520 ROYAL PALM SQUARE BLVD., #160
City-St-Zip: FORT MYERS, FL 33919

Title: VPT () Delete
Name: MATTE, TINA
Address: 1520 ROYAL PALM SQUARE BLVD., #160
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: ARNOLD, SHARON
Address: 1520 ROYAL PALM SQ BLVD, # 160
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL SMITH

VPS

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date