



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90171 045 \*\*\*150.00

<b>DOCUMENT # J98848</b> 1. Entity Name <b>LUTZ &amp; KNUDSON, P.A.</b>					
Principal Place of Business <b>2770 HORSESHOE DRIVE SOUTH                  BLDG 2, STE 4                  NAPLES, FL 34104 US</b>			Mailing Address <b>2770 HORSESHOE DRIVE SOUTH                  BLDG 2, STE 4                  NAPLES, FL 34104 US</b>		
2. Principal Place of Business - No P.O. Box # <b>201 EIGHTH STREET SOUTH</b> Suite, Apt. #, etc. <b>302</b>		3. Mailing Address <b>201 EIGHTH STREET SOUTH</b> Suite, Apt. #, etc. <b>302</b>			
City & State <b>NAPLES, FLORIDA</b>		City & State <b>NAPLES, FLORIDA</b>		4. FEI Number <b>59-2851947</b>	
Zip <b>34102</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>34102</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KNUDSON, JANA                  2770 HORSESHOE DRIVE SOUTH                  BLDG 2, STE 4                  NAPLES, FL 34104</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>201 EIGHTH STREET SOUTH, SUITE # 302</b>  City <b>NAPLES</b>	
City <b>FL</b>		Zip Code <b>34102</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KNUDSON, JANA L <input type="checkbox"/> Delete 2770 HORSEHOE DRIVE SOUTH, BLDG 2, STE 4 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 EIGHTH STREET SOUTH, SUITE # 302 NAPLES, FLORIDA 34102	
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	
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	
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	
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 <i>Jana Knudson</i> <b>JANA KNUDSON</b>			Date <b>4/17/07</b>		Daytime Phone # <b>739-434-5785</b>