2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

signature and typed on PRINTPINAME OF Signing OFFICER OR DIRECTOR
JOSEPH LIVIO LETTISI, AS DIrector

DOCUMENT # P00000024760 TOTALLAHASSEE TORRID. NAPLES, FL 34103 NAPLES, FL 34104	ANNUAL REPORT									
AND NOT WRITE IN THIS SPACE See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. See Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE Name and Address of Current Registered Agent NOODWARD, MARK J. SEE NAME J. SEE	1. Entity Name									
3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3200 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3300 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3410 DO NOT WRITE IN THIS SPACE 3500 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34103 3500 TAMAM TRAIL N. SUITE 200 NAPLES, FL. 34104 3500 TAMAM TRAIL N. SUITE 200	Principal Plac	e of Business	•							
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3692447	3200 TAMIAMI TRAIL N. SUITE 200 3200 TAMIAMI TR		3200 TAMIAMI TRAIL N. SUITI			SECRET TALLAH	ARY O ASSEE	F STA FLOR	TE IDA	
Applied For S9-3692447 Not Applied For S9-3692447 S0-3692447 S0-										
S. Certificate of Status Desired D		O NOT WRITE	CE	01152008	No Chg-P	CR2	034 (11			
S. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMMAMI TRAIL N, SUITE 200 NAPLES, FL 34103 SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICES AND DIRECTORS FERRADO, AUBREY J FORMAD PARISI, JOSEPH L SWEET JOSEPH S, ST 13114 TILE MAY DIANA DO, ANTHONY SINE JOSEPH L SWEET JOSES S, ST 34114 TILE MAY DIANA D, SEE FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSEPH L SWEET JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSEPH L SWEET JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSEPH L SWEET JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSEPH L SWEET JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSEPH L SWEET JOSES S, FL 34114 TILE MAY DIANA D, ANTHONY SINE JOSES S, FL 34114 THE MAY DIANA D, ANTHONY SINE JOSES S, FL 34114 THE MAY DIANA D, ANTHONY SINE JOSES S, FL 34114 THE MAY DIANA D, ANTHONY SINE JOSES S, FL 34114 THE MAY SINE JOSES S, FL 34114 THE MAY SINE JOSES S, FL 34114 THE MAY SHEEL JOSES S, FL 34114 THE M									Not Applicable	
DO NOT WRITE 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Special hope to print found improved upon and their applicable. OPTE Reprinted Agent signature from an impairing. DATE Special hope to print found improved upon and their applicable. OPTE Reprinted Agent signature from immunity. DATE TILE NOWILI FEE IS \$150.00 ADATO May 1, 2008 Fee will be \$550.00					5. Certificate	of Status Desired	*			
3. 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 Synatra, typed or purse former of registered agent and that applicates. FILE NOWILI FEE IS \$150.00 After May 1, 2008 Pise will be \$550.00 D. OFFICERS AND DIRECTORS THE NAME STREET AURIES SHAPE SH		6. Name and Address of Current Re	gistered Agent							
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature					.DO	NOT W	VRIT	Ε.		
SIGNATURE Signature hyper or printed have all registered agent and little if applicable. PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TRUST FUND CONTROLLERS CREEK PKWY NAME FERRAO, AUBREY J 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 TILE VPD PARISI, JOSEPH L 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 TILE DST NAME DINARDO, ANTHONY SITER ADDRESS CITY-ST-2P NAPLES, FL 34114 TILE UST TILE UST NAME DINARDO, ANTHONY SITER ADDRESS CITY-ST-2P NAPLES, FL 34114 TILE NAME SITER ADDRESS CITY-ST-2P NAPLES, FL 34114	NAPLES,	FL 34103			IN	THIS SI	PAC	Ε .		
SIGNATURE Signature hyper or printed have all registered agent and little if applicable. PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TRUST FUND CONTROLLERS CREEK PKWY NAME FERRAO, AUBREY J 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 TILE VPD PARISI, JOSEPH L 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 TILE DST NAME DINARDO, ANTHONY SITER ADDRESS CITY-ST-2P NAPLES, FL 34114 TILE UST TILE UST NAME DINARDO, ANTHONY SITER ADDRESS CITY-ST-2P NAPLES, FL 34114 TILE NAME SITER ADDRESS CITY-ST-2P NAPLES, FL 34114							- 5 ·			
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 10. OFFICERS CREEK PKWY NAME 10. STORY ST. 29 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10. O4/15/0801023007 ***150.00 10. OFFICERS CREEK PKWY NAPLES, FL 34114 10. O4/15/0801023007 ***150.00 10.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$50.00 10. OFFICERS AND DIRECTORS 11ILE NAME FERRAO, AUBREY J STORE! MORES. CITY-ST-ZP NAPLES, FL 34114 TITLE NAME DINARDO, ANTHONY SIRE! AUBRESS CITY-ST-ZP TITLE NAME SIRE! AUBRESS SIRE! AUBRESS CITY-ST-ZP TITLE NAME SIRE! AUBRESS CITY-ST-ZP TITLE N										
After May 1, 2008 Fee will be \$50.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INTER PO SINET ADDRESS ORY ST. 2P NAPLES, FL 34114 TILE PARISI, JOSEPH L SIRET ADDRESS ORY ST. 2P NAPLES, FL 34114 DST DINARDO, ANTHONY SIRET ADDRESS ORY ST. 2P TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE TILE TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE TILE TILE TILE TILE NAME SIRET ADDRESS ORY ST. 2P TILE T	<u> </u>								-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S	LITE MOMIN LEE 13 \$ 130.00									
NWE SIREF ADDRESS CITY-ST-ZIP NAPLES, FL 34114 VPD NAME SIREF ADDRESS CITY-ST-ZIP NAME SIREF ADDRESS CITY-ST-ZIP NAME DINARDO, ANTHONY 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 DST DINARDO, ANTHONY 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 DST DINARDO, ANTHONY 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114 INTHE NAME SIREF ADDRESS CITY-ST-ZIP NAME SIREF ADDRESS CITY-ST-ZIP NAME SIREF ADDRESS CITY-ST-ZIP NAME SIREF ADDRESS CITY-ST-ZIP TITLE	10.		RECTORS					. : (\$75)		
STREET ADDRESS OTTY-ST-ZPP NAPLES, FL 34114 TILE VPD STREET ADDRESS A 156 FIDDLERS CREEK PKWY NAPLES, FL 34114 TILE DST ITILE DST ITILE DINARDO, ANTHONY STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP NAME STREET ADDRESS CITY	TITLE	· -								
TITLE NAME PARISI, JOSEPH L STREET ADDRESS OTTY-ST-ZIP DINARDO, ANTHONY STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP NAME STREET ADDRESS OTT		J '			i in Carlo	າກຳລາສາ	င်းဆည	ويجرت	3	
PARISI, JOSEPH L SIRET ADDRESS OITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE					04/715	/080102	3007	**1	50.00	
TITLE DST NAME DINARDO, ANTHONY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE		··· =			A	ا در در این	ء المسارية		ing the species and a second	
TITLE DST NAME DINARDO, ANTHONY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-Z		,				JU123:	ŞZZ	588	3. 4	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					″୍ଷ୍ୟ^15 ଅଧାର ଅନ୍ୟ	V080105	3UZZ	· **	92.50	
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY ST-	TITLE									
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 suppliemental report is true and accurate and that my squarture 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				A. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	道 "独位"	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2. 4. 2.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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		l .			- DO	NOT V	VRIT	E *\$		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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		TVAT LLO, TL 04714				13 T	Footsh S	Same of the second		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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					IN	î ilio 9	PAU		r i Deservicioni Californi III di II	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	·									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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								3 4 3		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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				The state of the s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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				1 500 50 805			e en la companya de			
NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP				1 m					
STREET ADDRESS CITY-ST-ZIP 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	TITLE									
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	1									
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										
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		certify that the information supplied with the	is filing does not qualify for the ex	emptions contained	in Chapter 119	, Florida Statutes	i further o	ertify that	the information	
	indicatéd of the cor	on this report or supplemental report is tru poration or the receiver or trustee empower	ue and accurate and that my signa ered to execute this report as requi	ture shall have the s	ame legal effec	t as if made under	roath; that	l am an o	fficer or director	

Daytime Phone #

(239) 732-9400

3/14/08

Dale