

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90030 019 ***150.00

DOCUMENT # P01000030877	
1. Entity Name JUDITH A. PERALTA, P.A.	



Principal Place of Business 4813 LASQUETI EAY NAPLES, FL 34119	Mailing Address 4813 LASQUETI EAY NAPLES, FL 34119
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40015532

2. Principal Place of Business 1535 BONEFISH TR. Suite, Apt. #, etc.	3. Mailing Address 1535 BONEFISH TR. Suite, Apt. #, etc.
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01162005 Chg-P CR2E034 (10/03)

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34135	Zip 34135
Country	Country

4. FEI Number 65-1098685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERALTA, JUDITH A 20808 BANTAMS ROOST ESTERO, FL 33928	7. Name and Address of New Registered Agent Name PERALTA, JUDITH A. Street Address (P.O. Box Number is Not Acceptable) 1535 1535 BONEFISH TR. City BONITA SPRINGS FL Zip Code 34135
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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 <i>Judith A. Peralta</i> Signature of registered agent and title if applicable.	JUDITH A. PERALTA, PRESIDENT 2/18/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PERALTA, JUDITH A 4813 LASQUETI WAY NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PERALTA, JUDITH A. 1535 BONEFISH TR. BONITA SPRINGS, FL 34135 <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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>Judith A. Peralta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JUDITH A. PERALTA, PRES. 2/18/05 239-398-0433 Date Daytime Phone #