

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90040 046 ***150.00

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01092007 Chg-P CR2E034 (12/06)

4. FEI Number **65-1148275** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

IRIZARRY, MARCIAL J
105 16TH ST SE
NAPLES, FL 34117

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PSTD	<input type="checkbox"/> Delete
NAME	IRIZARRY, MARCIAL J	
STREET ADDRESS	105 16TH STREET SE	
CITY - ST - ZIP	NAPLES, FL 34117	
TITLE	C	<input type="checkbox"/> Delete
NAME	VITIELLO, LOUIS	
STREET ADDRESS	229 MADISON DR	
CITY - ST - ZIP	NAPLES, FL 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PISCIOITTA, WILLIAM	
STREET ADDRESS	5970 16TH AVE NW	
CITY - ST - ZIP	NAPLES, FL 34101	
TITLE	S	<input type="checkbox"/> Delete
NAME	IRIZARRY, KRISTA	
STREET ADDRESS	105 16TH STREET SE	
CITY - ST - ZIP	NAPLES, FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Krista Irizarry* KRISTA IRIZARRY

239-434-7200

Date Daytime Phone #