

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000054445		
1. Entity Name SALVATORE MICHAEL LIVOTI, P.A.		
Principal Place of Business 100430 OVERSEAS HIGHWAY SUITE 100 KEY LARGO, FL 33037	Mailing Address PO BOX 1469 KEY LARGO, FL 33037	



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0679789	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIVOTI, SALVATORE M
100430 OVERSEAS HIGHWAY
SUITE 100
KEY LARGO, FL 33037**

**DO NOT WRITE
IN THIS SPACE**

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

**U000000639850
02/28/07-80044-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE P	LIVOTI, SALVATORE M
NAME	
STREET ADDRESS	100430 OVERSEAS HIGHWAY #100
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE D	PAGE, MISTY A
NAME	
STREET ADDRESS	100430 OVERSEAS HWY.
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Salvatore M Livoti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date Daytime Phone #