


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90183 027 \*\*\*150.00

DOCUMENT # P02000131426 1. Entity Name ART DAVID, P.A.	
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Principal Place of Business 5785 LAGO VILLAGGIO WAY NAPLES, FL 34104	Mailing Address 5785 LAGO VILLAGGIO WAY NAPLES, FL 34104
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**DO NOT WRITE IN THIS SPACE**

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3887692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, ARTHUR  
5785 LAGO VILLAGGIO WAY  
NAPLES, FL 34104

**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 reinstating) DATE \_\_\_\_\_

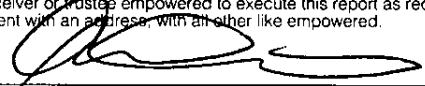
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVID, ARTHUR 5785 LAGO VILLAGGIO WAY NAPLES, FL 34104
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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 an other like empowered.

SIGNATURE:  Date: 4/28/08 Daytime Phone #: 239-262-7131

ARTHUR DAVID