

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133430

Entity Name: PATRICIA WILSON-CIPOLLA PA

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

6945 BENT GRASS DRIVE
NAPLES, FL 34113

New Principal Place of Business:

12831 CARRINGTON CIR
#101
NAPLES, FL 34105

Current Mailing Address:

6945 BENT GRASS DRIVE
NAPLES, FL 34113

New Mailing Address:

12831 CARRINGTON CIR
#101
NAPLES, FL 34113

FEI Number: 22-3888593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON-CIPOLLA, PATRICIA
6945 BENT GRASS DRIVE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

WILSON-CIPOLLA, PATRICIA
12831 CARRINGTON CIR
101
NAPLES, FL 34105 US

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.

SIGNATURE:

02/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WILSON-CIPOLLA, PATRICIA
Address: 6945 BENT GRASS DRIVE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: WILSON-CIPOLLA, PATRICIA
Address: 12831 CARRINGTON CIR # 101
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA WILSON-CIPOLLA

PRES

02/27/2007

Electronic Signature of Signing Officer or Director

Date