

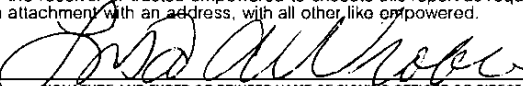


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 007 ***158.75

DOCUMENT # P03000042509			
1. Entity Name LISA A. WROBLE INC.			
Principal Place of Business 2614 FOUNTAIN VIEW #102 NAPLES FL 34109		Mailing Address 2614 FOUNTAIN VIEW #102 NAPLES FL 34109	
2. Principal Place of Business - No P.O. Box # 2638 Fountain View		3. Mailing Address 2638 Fountain View	
Suite, Apt. #, etc. #204		Suite, Apt. #, etc. #204	
City & State Naples, FL		City & State Naples FL	
Zip 34109	Country USA	Zip 34109	Country USA
6. Name and Address of Current Registered Agent WROBLE, LISA A 2614 FOUNTAIN VIEW #102 NAPLES FL 34109		7. Name and Address of New Registered Agent Name Wroble, Lisa A Street Address (P.O. Box Number is Not Acceptable) 2638 Fountain View #204 City Naples FL Zip Code 34109	
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  DATE 4-23-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WROBLE, LISA A 2614 FOUNTAIN VIEW #102 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Wroble, Lisa A 2638 Fountain View #204 Naples, FL 34109 <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 exemptions contained in Section 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: 		Date 4-23-07 Daytime Phone # 239-591-1804	



1st MOORE CR2E034 (10/06)

4. FEI Number **54-2106517** Applied For ☐ Not Applicable ☐

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