

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076159

1. Entity Name  
C.I.R.A. ACCOUNTING SERVICES, INC.



Principal Place of Business  
27657 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US

Mailing Address  
P.O. BOX 2506  
BONITA SPRINGS, FL 34133 US

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0087154

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PEREZ, LAWRENCE  
27657 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PEREZ, LAWRENCE
STREET ADDRESS	4462 N.E. 14TH ST
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	V
NAME	MARSLAND, WILLIAM W
STREET ADDRESS	163 PALM RIVER BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S
NAME	SMITH, BRADLEY R
STREET ADDRESS	27657 OLD 41 ROAD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000179736  
01/13/05-80030-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

*William W. Marsland*  
**WILLIAM W. MARSLAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-05

239.992.4232