

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90517 027 \*\*\*150.00

**DOCUMENT # P03000097496**

1. Entity Name  
**JOSE BASERVA, P.A.**



Principal Place of Business  
**1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

Mailing Address  
**1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

**50045374**



2. Principal Place of Business  
**1314 Lafayette St.**

3. Mailing Address  
**1314 Lafayette St.**

Suite, Apt. #, etc.

**Suite C**

Suite, Apt. #, etc.

**Suite C**

01112005

Chg-P

CR2E034 (10/03)

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number

**20-0217472**

Applied For

Not Applicable

Zip

**33904**

Country

**USA**

Zip

**33904**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUTT, DARRIN R  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904**

Name  
**Baserva, Jose**

Street Address (P.O. Box Number is Not Acceptable)

**1314 Lafayette St., Suite C**

City **Cape Coral,**

**FL**

Zip Code  
**33904**

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

**4/25/05**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BASERVA, JOSE  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Baserva, Jose  
1314 Lafayette St., Suite C  
Cape Coral, FL 33904** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/05**