

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000141510**

1. Entity Name  
**M A LAFALCE CARPENTRY CONTRACTOR INC**



Principal Place of Business  
**1781 20TH AVE NE  
NAPLES, FL 34120**

Mailing Address  
**1781 20TH AVE NE  
NAPLES, FL 34120**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0543831**

Applied For  
Not Applicable

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

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

**LAFALCE, JOANNE  
1781 20TH AVE NE  
NAPLES, FL 34120**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**000000639852  
02/28/07-80044-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAFALCE, M A 1781 20TH AVE NE NAPLES, FL 34120
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**DO NOT WRITE  
IN THIS SPACE**

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 and 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:**

*Martin LaFolce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 14 2007 239 824 5226**  
Date Daytime Phone #