


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90028 005 \*\*\*150.00

<b>DOCUMENT # P04000091836</b> 1. Entity Name <b>KATRINA MARIE LONGO, P.A.</b>			
Principal Place of Business <b>13505 EAGLE RIDGE DR. #421 FT. MYERS, FL 33912</b>		Mailing Address <b>13505 EAGLE RIDGE DR. #421 FT. MYERS, FL 33912</b>	
2. Principal Place of Business <b>1240 SHELBY PKWY.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1240 SHELBY PKWY.</b> Suite, Apt. #, etc.	
City & State <b>CAPE CORAL, FL</b> Zip <b>33904</b> Country		City & State <b>CAPE CORAL, FL</b> Zip <b>33904</b> Country	
4. FEI Number <b>20-1280073</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LONGO, KATRINA M 13505 EAGLE RIDGE DR. #421 FT. MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name <b>KATRINA LONGO-BERGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1240 SHELBY PKWY.</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>	
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. <div style="text-align: center;"> <b>KATRINA LONGO-BERGE,</b>  <b>PRES.</b> </div> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LONGO, KATRINA M 13505 EAGLE RIDGE DR. #421 FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KATRINA LONGO-BERGE 1240 SHELBY PKWY. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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 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: <b>KATRINA LONGO-BERGE</b> <b>PRES.</b>		Date <b>2/4/06</b> (239) <b>633-7323</b>	