## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000122242

1. Entity Name

ACCENT DEVELOPMENT OF SOUTH WEST FLORIDA,



**FILED** Apr 20, 2006 08:00 AM Secretary of State

Principal Place of Business

1474 RAIL HEAD BLVD NAPLES, FL 34110

Mailing Address 1474 RAIL HEAD BLVD NAPLES, FL 34110

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04132006

No Chg-P

CR2E034 (11/05)

4. FEI Number ' 86-1098355

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ADRAGNA, ANDY 1474 RAIL HEAD BLVD

## DO NOT WRITE

NAPLES, FL 34110			IN THIS SPACE		
8. The above the obligation	named entity submits this statement for the pations of registered agent.	urpose of changing its registered office	or registered agent, or bo	th. In the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registered Agent sign	Agent signature required when reinstating) OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DV HUNTER, MATTHEW J 1113 THOMPSON AVE LEHIGH ACRES, FL 33972 DP ADRAGNA, LEONARDO 1474 RAIL HEAD BLVD NAPLES, FL 34110	TORS	· · · · · · · · · · · · · · · · · · ·	U00000521922 05/03/06-80018-004 150.00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADRAGNA, ANDY 1474 RAIL HEAD BLVD NAPLES, FL 34110 DS GERVASI, BEVERLY 1474 RAIL HEAD BLVD NAPLES, FL 34110		DO NOT WRITE IN THIS SPACE		
TITLE NAME					

12. I hereby certily 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 eath, that I am an officer or director of the corporation or the receiver or truefee 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone &