

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 020 ***150.00

DOCUMENT # P05000042477 1. Entity Name GEORGE VEGA JR. P.A.			
Principal Place of Business 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112		Mailing Address 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112	
2. Principal Place of Business - No P.O. Box # 2345 Stanford Ct Suite, Apt. #, etc. # 603		3. Mailing Address 2345 Stanford Ct Suite, Apt. #, etc. # 603	
City & State Naples, FL Zip 34112 Country USA		City & State Naples, FL Zip 34112 Country	
4. FEI Number 59-3613789		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENSE, PABLO E 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112		7. Name and Address of New Registered Agent Name George Vega, Jr Street Address (P.O. Box Number is Not Acceptable) 2345 Stanford Ct, Suite 603 City Naples FL Zip Code 34112	
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 7/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VEGA, GEORGE 2660 AIRPORT ROAD SOUTH 2345 Stanford Ct NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition # 603
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
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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, 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:		Date July 8, 2008 Daytime Phone # 239-774-3333	