

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098827

FILED  
May 01, 2007  
Secretary of State

Entity Name: CHRISTOPHER J. CONA P.A.

## Current Principal Place of Business:

4280 TAMIAMI TRAIL EAST  
STE 101  
NAPLES, FL 34112

## New Principal Place of Business:

## Current Mailing Address:

4280 TAMIAMI TRAIL EAST  
STE 101  
NAPLES, FL 34112

## New Mailing Address:

FEI Number: 20-3184826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONA, CHRIS J  
1695 COMMERCIAL DRIVE  
NAPLES, FL 34112      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONA, CHRISTOPHER J  
Address: 6889 WELLINGTON DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: CONA, CHRISTOPHER J  
Address: 6889 WELLINGTON DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: TR ( ) Delete  
Name: CONA, CHRISTOPHER J  
Address: 6889 WELLINGTON DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: DIR ( ) Delete  
Name: CONA, CHRISTOPHER J  
Address: 6889 WELLINGTON DRIVE  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS CONA

P

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date