

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000111112

1. Entity Name
CHRISTINA BERTUZZI, P.A.



Principal Place of Business
2925 NE 135TH ST.
ANTHONY, FL 32617

Mailing Address
P.O. BOX 291
SPARR, FL 32192

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
673 SE 18 ST

Suite, Apt. #, etc.
673 SE 18 ST

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34471

Zip
34471

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

BERTUZZI, CHRISTINA
2925 NE 135TH ST.
ANTHONY, FL 32617

Name *Christina Bertuzzi*

Street Address (P.O. Box Number is Not Acceptable)

673 SE 18 ST

City Ocala

FL Zip Code 34471

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 *CB* Christina Bertuzzi

4/23/07

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BERTRUZZI, CHRISTINA
STREET ADDRESS 2925 NORTHEAST 135 STREET
CITY-ST-ZIP ANTHONY, FL 32617

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Christina Bertuzzi
STREET ADDRESS 673 SE 18 ST
CITY-ST-ZIP Ocala, FL 34471

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *CB* Christina Bertuzzi

4/23/07 352-804-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #