


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90001 033 \*\*\*150.00

**DOCUMENT # P05000115191**

1. Entity Name  
**ROBERT NATALE, INC.**



Principal Place of Business      Mailing Address

356 N. BARFIELD DRIVE      356 N. BARFIELD DRIVE  
 MARCO ISLAND, FL 34145      MARCO ISLAND, FL 34145

40113200



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*297 N. Collier*      *1105 San Marco Rd.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07102008      Chg-P      CR2E034 (12/06)

City & State      City & State

*Marco Island, FL*      *Marco Island, FL*

Zip      Country      Zip      Country

*34145*      *USA*      *34145*      *USA*

4. FEI Number      Applied For

**86-1146638**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBSTER, RONALD S**  
**ROYAL PALM MALL**  
**979 N. COLLIER BLVD.**  
**MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name *Patricia Natale*

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

*1105 San Marco Rd.*

City *Marco Island*      **FL**      Zip Code *34145*

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 *Patricia Natale*      DATE *7/10/08*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.            \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	NATALE, ROBERT	
STREET ADDRESS	356 N. BARFIELD DRIVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NATALE, PATRICIA	
STREET ADDRESS	356 N. BARFIELD DRIVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Patricia Natale*      *Patricia Natale*      DATE *7/10/08*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #