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.					09-05-2008 90001 033 ***150.00			
Principal Place of Business 356 N. BARFIELD DRIVE MARCO ISLAND, FL 34145 MARCO ISLAND, FL					40112400			
2. Principal P.	lace of Business - No. P.O. Box #	3. Mailing Address Sylves Sylves, Apt. #, etc.	Marci	Rd.	07102008	Chg-P	CR2E034 (12/06)	
City & State	Island, FL	City & State	h.d. FI		4. FEI Numb			plied For
7///	S Pouritry 1-USA	7 4115	Couptry S	<u>-</u> 1		·	\$8.75 Add	
<u> </u>	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New Regi	<u>.</u>	
WEBSTER, RONALD S					(P.O. Box Number is Not Acceptable)			
ROYAL PA 979 N. CO	ALM MAŁL LLIER BLVD.		Street	Address	(P.O. Box Numb	er is Not Acceptable)	<i>.</i>	
MARCO ISLAND, FL 34145					15 San Marco Kd. Arco Island FL Zip Code 34145			
the obligati	named entity submits this statement for iope of registered agent. Sprature, typed or printed name of registered agent are LE NOWIII FEE IS \$150.00	dd little if applicable (NOTE 9. Election Campai	E: Registered Agent signalign	ature require	d when reinstating)	In accordance with	D OS DATE DS DS DS DS DS DS DS D	FS the
	ue by September 12, 2008	Trust Fund Contr		J Add	ded to Fees	corporation did not		
10.	OFFICERS AND E	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	NATALE, ROBERT 356 N. BARFIELD DRIVE MARCO ISLAND, FL 34145		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	VP Delete 11' NATALE, PATRICIA MA 356 N. BARFIELD DRIVE SI MARCO ISLAND, FL 34145 CI						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an euchment with an address, we supplement with an address, we supplement with an address, we supplement with an address or one and type of the supplemental supplementation of the supplemen	true and accurate and that n wered to execute this report	ny signature shall as required by Cf	have the	same legal effe	ct as if made under oath	s; that I am an officer	or director