


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P05000141448
 1. Entity Name
 ANTOINETTE GENNARO, P.A.



Principal Place of Business
 6808 SATIN LEAF ROAD S
 #201
 NAPLES, FL 34109 US

Mailing Address
 6808 SATIN LEAF ROAD S
 #201
 NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-3660431

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GENNARO, A
 6808 SATIN LEAF ROAD S
 201
 NAPLES, FL 34109

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000960816
 04/02/08 00079 011 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	GENNARO, ANTOINETTE
STREET ADDRESS	6808 SATIN LEAF RD S #201
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Antoinette Gennaro* **3-13-08** **239 514 7080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #