

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-26-2007 90070 005 ***150.00

DOCUMENT # P06000002598

1. Entity Name
ALEXIS A. SITKA, P.A.



Principal Place of Business
**13180 NORTH CLEVELAND AVENUE
SUITE #139
NORTH FORT MYERS, FL 33903**

Mailing Address
**P.O. BOX 2007
FORT MYERS, FL 33902**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4047188

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, ALEXIS A
13180 NORTH CLEVELAND AVENUE
SUITE #139
NORTH FORT MYERS, FL 33903**

Name **Alexis A. Sitka**

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

13180 N. Cleveland Ave #139

City **N. Fort Myers**

FL

Zip Code **33903**

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

Alexis A. Sitka

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Delete
NAME **PARKER, ALEXIS A**
STREET ADDRESS **13180 NORTH CLEVELAND AVE, #139**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **P/D** ☐ Change ☒ Addition
NAME **SITKA, Alexis A.**
STREET ADDRESS **Po Box 2007**
CITY-ST-ZIP **FORT MYERS, FL 33902**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Alexis A. Sitka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2007

Date

239 997-0078

Daytime Phone #