2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State
02-12-2007 90101 030 ***150.00

DOCUMENT # P06000058536

1. Entity Name
DELLA COSTA AND NEVILLE, P.A.

Principal Place of Business	Mailing Address
510 W BAY DR LARGO FL 33770	510 W BAY DR LARGO FL 33770

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6251 Park Blvd		6251 Park Blvd	
Suite, Apt. #, etc.: Suite 9		Suite, Apt. #, etc.: Suite 9	
City & State: Pinellas Park, FL		City & State: Pinellas Park, FL	
Zip: 33781	Country: USA	Zip: 33781	Country: USA

4. FEI Number: 06-1775667 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOCKERS, ROBERT M
5001 NINTH AVE N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 2/27/07
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
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEVILLE, DAVID A 510 W BAY DR LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 6251 Park Blvd, Suite 9 Pinellas Park, FL 33781	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELLA COSTA, JOHN M 510 W BAY DR LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 6251 Park Blvd, Suite 9 Pinellas Park, FL 33781	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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 Section 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: [signature] John Della Costa 2-2-07 727-584-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #