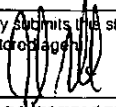
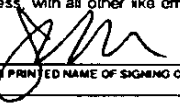


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 510 W BAY DR LARGO FL 33770				Mailing Address 510 W BAY DR LARGO FL 33770	
2. Principal Place of Business - No P.O. Box # 6251 Park Blvd Suite, Apt. #, etc. Suite 9 City & State Pinellas Park, FL Zip 33781				3. Mailing Address 6251 Park Blvd Suite, Apt. #, etc. Suite 9 City & State Pinellas Park, FL Zip 33781	
Country USA				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 the 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  DATE 2/27/07 Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent signature required when resigning)					
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ 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:  John Della Costa 2-2-07 727-584-8899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					