

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90184 022 ***150.00

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1. Entity Name
JOEL MONTALVO, P.A.



Principal Place of Business

4616 SW 8TH PLACE
APT. 4
CAPE CORAL, FL 33914

Mailing Address

4616 SW 8TH PLACE
APT. 4
CAPE CORAL, FL 33914

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

2516 SW 29TH TER.

3. Mailing Address

2516 SW 29TH TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007

Chg-P

CR2E034 (12/06)



City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

84-1712685

Applied For

Not Applicable

Zip

Country

33914

Zip

Country

33914

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTALVO, JOEL
4616 SW 8TH PLACE
APT. 4
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

MONTALVO, JOEL

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

2516 SW 29TH TERR.

City

CAPE CORAL

FL

Zip Code

33914

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

JOEL MONTALVO

(NOTE: Registered Agent signature required when reinstating)

04/10/07

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

TITLE PD
NAME MONTALVO, JOEL
STREET ADDRESS 4616 SW 8TH PLACE, APT. 4
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MONTALVO, JOEL
STREET ADDRESS 2516 SW 29TH TER.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL MONTALVO

04/10/07

(239) 542-8482

Date

Daytime Phone #