


FILED
May 01, 2007 8:00 am
Secretary of State

3,
3/3

03-30-2007 90130 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000137634			
1. Entity Name LAWRENCE S. PIVACEK, P.A.			
Principal Place of Business 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109		Mailing Address 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03212007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-5980174		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIVACEK, LAWRENCE S ESQUIRE 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109		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: <i>Lawrence S. Pivacek</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be when recording) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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- ZP	<input type="checkbox"/> Delete Lawrence Pivacek 3431 Pine Ridge Rd, Suite 101 Naples, FL 34109	TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lawrence S. Pivacek</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		3-26-07 <small>Date</small>	

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