


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 005 ***150.00

DOCUMENT # P06000137634

1. Entity Name
LAWRENCE S. PIVACEK, P.A.



Principal Place of Business Mailing Address

3431 PINE RIDGE ROAD **3431 PINE RIDGE ROAD**
SUITE 101 **SUITE 101**
NAPLES FL 34109 **NAPLES FL 34109**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2262 ROYAL LANE **2262 ROYAL LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

NAPLES, FLORIDA **NAPLES, FLORIDA**

Zip Country Zip Country

34112 **COLLIER** **34112** **COLLIER**

4. FEI Number Applied For

20-5980474 Not Applicable

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

PIVACEK, LAWRENCE S ESQUIRE Name **LAWRENCE S. PIVACEK, ESQUIRE**
3431 PINE RIDGE ROAD Street Address (P.O. Box Number is Not Acceptable)
SUITE 101 **2262 ROYAL LANE**
NAPLES FL 34109 City **NAPLES** FL Zip Code **34112**

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 SAME - ADDRESS CHANGE ONLY DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICACELI, LAWRENCE <input checked="" type="checkbox"/> Delete 3431 PINE RIDGE RD., SUITE 104 NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE S. PIVACEK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2262 ROYAL LANE NAPLES, FLORIDA 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Lawrence S. Pivacek* **3/25/08 239-398-4942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #