

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

04-02-2007 90061 018 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000150508			
1. Entity Name PRINCE GIOVANNI'S OF COLLIER COUNTY INC.			
Principal Place of Business 557 92ND AVENUE NORTH NAPLES, FL 34108		Mailing Address 557 92ND AVENUE NORTH NAPLES, FL 34108	
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
4. Name and Address of Current Registered Agent SERRA, GIOVANNI 557 92ND AVENUE NORTH NAPLES, FL 34108		5. FEI Number 20-5988587 Applied For Not Applicable	
6. 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.		7. Name and Address of New Registered Agent	
SIGNATURE _____ Signature, typed or printed name of registered agent and the filer, both		DATE _____ (If FEI, Filers must submit signature of filer)	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	SERRA, GIOVANNI		
STREET ADDRESS	557 92ND AVENUE NORTH		
CITY- ST- ZIP	NAPLES, FL 34108		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Change ☐ Addition	
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 filer empowered.			
SIGNATURE: <i>X Giovanni Serra</i>		4-26-2007 (239) 537-7488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	