

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014062

FILED
Apr 16, 2007
Secretary of State

Entity Name: CUMMINGS & LOCKWOOD FLORIDA, P.A.

Current Principal Place of Business:

3001 TAMIAMI TRAIL NORTH
FOURTH FLOOR
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3001 TAMIAMI TRAIL NORTH
PO BOX 413032
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0375982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL NORTH
FOURTH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HOROWITZ, WILLIAM N
Address: 24311 WALDEN CENTER DRIVE, SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: DVS () Delete
Name: SCHECHTER, JOEL
Address: 3001 TAMIAMI TRAIL N., 4TH FLOOR
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Delete
Name: KRIER, KEN
Address: 3001 TAMIAMI TRAIL N., 4TH FLOOR
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Delete
Name: DOUGLAS, ALISON
Address: 3001 TAMIAMI TRAIL N., 4TH FLOOR
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HOROWITZ, WILLIAM N
Address: 8001 HEALTH CENTER BLVD STE 300
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: S (X) Change () Addition
Name: SCHECHTER, JOEL
Address: 3001 TAMIAMI TRAIL N., 4TH FLOOR
City-St-Zip: NAPLES, FL 34103 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM N HOROWITZ

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04/16/2007

Electronic Signature of Signing Officer or Director

Date