

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90572 015 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000045070

1. Entity Name

JANET D. CONSTANTINE, P.A.



Principal Place of Business

6300 18TH AVE NW  
NAPLES, FL 34119 US

Mailing Address

6300 18TH AVE NW  
NAPLES, FL 34119 US

40075986



2. Principal Place of Business

822 ANCHOR ROSE DR.

Suite, Apt. #, etc.

CITY & STATE  
NAPLES FL

Zip  
34103

Country

3. Mailing Address

1361 AIRPORT RD S

Suite, Apt. #, etc.

#100

CITY & STATE  
NAPLES FL

Zip  
34104-4356

Country

04062005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0423066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINE, JANET

6300 18TH AVE NW 1361 AIRPORT RD S. #100  
NAPLES, FL 34119 34104-4356

7. Name and Address of New Registered Agent

Name

Constantine, Janet

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

1361 Airport Rd. South #100

City

Naples

FL

Zip Code

34104

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CONSTANTINE, JANET  
6300 18TH AVE NW 1361 AIRPORT RD S. #100  
NAPLES, FL 34119 34104-4356

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/05