2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90083 041 ***150.00

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1. Entity Name
JULIO LAPON II, P.A.

Principal Place of Business	Mailing Address
302 NW 6EE BLVD #105 LEHIGH ACRES, FL 33936	302 NW 6EE BLVD #105 LEHIGH ACRES, FL 33936

04012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
820 ECULID AVENUE		820 EUCLID AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LEHIGH ACRES, FL		City & State: LEHTGH ACRES, FL	
Zip: 33936	Country: LEE	Zip: 33936	Country: LEE

4. FEI Number: 65-0435265 ☐ Applied For ☐ 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
LAPON, JULIO II 302 NW LEE BLVD SUITE 105 LEHIGH ACRES, FL 33936	Name: LAPON, JULIO II Street Address (P.O. Box Number is Not Acceptable): 820 EUCLID AVENUE City: LEHIGH ACRES FL Zip Code: 33936

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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-ZIP	PSD LAPON, JULIO II 302 NW LEE BLVD., SUITE 105 LEHIGH ACRES, FL 33936	☐ Delete	TITLE PSD NAME / STREET ADDRESS / CITY-ST-ZIP	LAPON JULIO II 820 EUCLID AVENUE LEHIGH ACRES, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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 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: Julio A Lapon [signature] 4/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #