

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 002 ***150.00

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1. Entity Name
ASBELL, HO, KLAUS & GOETZ, P.A.



Principal Place of Business
365 5TH AVENUE SOUTH
STE 202
NAPLES, FL 34102 US

Mailing Address
365 5TH AVENUE SOUTH
STE 202
NAPLES, FL 34102 US

40019849



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0439309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASBELL, JOHN R DK
365 5TH AVE S
STE 202
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name Dale W. Klaus

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

365 5th Ave S # 202

City Naples

FL

Zip Code 34102

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)

2/15/07

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

TITLE VP
NAME HO, VICTORIA M
STREET ADDRESS 365 5TH AVE S, STE 202
CITY-ST-ZIP NAPLES, FL ☐ Delete

TITLE ☒ Delete
NAME ASBELL, JOHN R
STREET ADDRESS 365 5TH AVE S STE 202
CITY-ST-ZIP NAPLES, FL

TITLE ☐ Delete
NAME KLAUS, DALE W
STREET ADDRESS 365 5TH AVE S 202
CITY-ST-ZIP NAPLES, FL 341026575

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 Secretary/Treasurer
NAME Nicole Goetz
STREET ADDRESS 365 5th Ave S. # 202
CITY-ST-ZIP NAPLES, FL 34102-6575 ☒ Change ☒ Addition

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2007

Date

Daytime Phone #