

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90983 036 ***150.00

DOCUMENT # P94000028916

1. Entity Name
SERENA INVESTMENT, INC.



Principal Place of Business

**3431 PINE RIDGE RD.
SUITE 101
NAPLES, FL 34109 US**

Mailing Address

**3431 PINE RIDGE RD.
SUITE 101
NAPLES, FL 34109 US**

2. Principal Place of Business

8955 FONTANA DEL SOL WAY

3. Mailing Address

P.O. BOX 111419

Suite, Apt. #, etc.

SOL WAY

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

Zip

34108

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0533977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JOHN
3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **Jane Lamberson**

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

8955 FONTANA DEL SOL WAY

City **NAPLES**

FL

Zip Code

34109

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 **Jane E. Lamberson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/05

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 **SD** ☐ Delete
NAME **WHITE, JOHN**
STREET ADDRESS **3431 PINE RIDGE ROAD SUITE 101**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **PD** ☐ Delete
NAME **ZSITVAY, ZOLTAN H**
STREET ADDRESS **P.O. BOX 578**
CITY-ST-ZIP **NEW VERNON, NJ 07976**

TITLE **VPD** ☐ Delete
NAME **HAGEN, IMY VONDEM**
STREET ADDRESS **13021 HAMILTON HARBOUR DR., #S10**
CITY-ST-ZIP **NAPLES, FL 34110**

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 **Jane E. Lamberson**
STREET ADDRESS **8955 FONTANA DEL SOL WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

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 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: **Jane E. Lamberson** Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 (239) 262-0176

Jane E. Lamberson