## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P94000030885 04-28-2008 90366 006 \*\*\*150.00 1. Entity Name PETER G. REPPUCCI, P.A. Principal Place of Business Mailing Address 400000 4042 OLD TRAIL WAY 4042 OLD TRAIL WAY NAPLES, FL 34103 NAPLES, FL 34103 No Chg-P CR2E034 (11/05) 04232008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0484476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REPPUCCI, PETER G DO NOT WRITE 4042 OLD TRAIL WAY NAPLES, FL 34103 . IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE REPPUCCI, PETER NAME STREET ADDRESS 4042 OLD TRAIL WAY NAPLES, FL 34103 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

**FILED** 

PETER REPRUCCI

SIGNATURE:

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TED NAME OF SIGNING OFFICER OR DIRECTOR