

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000087473

1. Entity Name
P.F. GERBOSI INC.



Principal Place of Business
768 WILLOWBROOK DR
STE 1004
NAPLES, FL 34108

Mailing Address
768 WILLOWBROOK DR
STE 1004
NAPLES, FL 34108

**FILED
Jan 10, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0547525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GERBOSI, PETER F
768 WILLOWBROOK DR
STE 100
NAPLES, FL 34108

**DO NOT WRITE
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 renewing)

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**

U000000581534
01/10/07-80093-006 150.00

10. OFFICERS AND DIRECTORS

TITLE CP
NAME GERBOSI, PETER F
STREET ADDRESS 768 WILLOWBROOK DR-STE 100
CITY-ST-ZIP NAPLES, FL 34108

TITLE VPS
NAME FISHMAN, ROSETTE
STREET ADDRESS 768 WILLOWBROOK DR-STE 100
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

1/10/07 239544289
Daytime Phone #