## 2008 FOR PROFIT COLPORATION

## ANNUAL REPORT **DOCUMENT # P96000055618** 1. Entity Name JOSÉPH R. GAETA, P.A. Principal Place of Business Mailing Address

## **FILED** Jan 11, 2008 08:00 A Secretary of State

| FT. MYERS, I  |  | 2261 MAIN ST<br>FT. Myers, FL 33901 |                               |                                |   |
|---|--|-------------------------------------|-------------------------------|--------------------------------|---|
| DO NOT WRITE IN THIS SPAC   |  |                                     | CE                            |                                | E034 (11/05)  Applied For Not Applicable \$8.75 Additional Foe Required |
| 6. Name and Address of Current Registered Agent GAETA, JOSEPH R 2261 MAIN ST FORT MYERS, FL 33901   |  |                                     | DO NOT WRITE<br>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 life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |                                     |                               |                                |   |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |  |                                     |                               | \$5.00 May Be<br>Added to Fees |   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRE<br>DVPT<br>GAETA, JOSEPH<br>2261 MAIN ST<br>FORT MYERS, FL 33901 | CTORS                               |                               | 00000077935<br>01/11/08-80031  | 1<br>-021 150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |  | ·                                   |                               | DO NOT WRIT                    |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP   |  |                                     |                               | - · - 1 - · · · - · · -        |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Stattes. 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 univer cath; 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 Floria Statutes; and that my same 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 DIRECT