

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000029247

1. Entity Name
CAROLE DICUPERO, P.A.



Principal Place of Business
680 CYPRESS WAY EAST
NAPLES, FL 34110

Mailing Address
680 CYPRESS WAY EAST
NAPLES, FL 34110



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439968	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

DICUPERO, CAROLE
680 CYPRESS WAY EAST
NAPLES, FL 34110

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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 reinstalling)

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	DPVS
NAME	DICUPERO, CAROLE
STREET ADDRESS	680 CYPRESS WAY EAST
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80018-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Carole Di Cupero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #