2006, FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000029247

1. Entity Name
CAROLE DICUPERO, P.A.

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

DO NOT WRITE IN THIS SPACE

01252006   No Chg-P   CRZE034 (11/05)

4. FEI Number
59-3439968

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICUPERO, CAROLE
680 CYPRESS WAY EAST
NAPLES, FL 34110

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000427973 02/21/06-00028-017 150.00

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	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____   2/8/06   239-860-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #