2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000019395

1. Entity Name

KATHLEEN C. PASSIDOMO, P.A.



FILED Feb 08, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

2390 N. TAMIAMI TRAIL

SUITE 204 NAPLES, FL 34103 2390 N. TAMIAMI TRAIL SUITE 204 NAPLES, FL 34103



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59-3516900		Not Applicab
4. FEI Number		Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C 2200 SOUTHWINDS DRIVE NAPLES, FL 34102

SIGNATURE:

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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS .	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASSIDOMO, KATHLEEN C 2200 SOUTHWINDS DRIVE NAPLES, FL 34102	7010			H00000627028		
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TITLE NAME 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 supplied enter the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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.							

D NAME OF SIGNING OFFICER OR DIRECTOR