

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000022798**

1. Entity Name  
ERIC J. VASQUEZ, P.A.



Principal Place of Business  
900 6TH AVENUE SOUTH  
STE 201  
NAPLES, FL 34102

Mailing Address  
900 6TH AVENUE SOUTH  
STE 201  
NAPLES, FL 34102



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0821259

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VASQUEZ, ERIC J  
900 6TH AVENUE SOUTH  
STE 201  
NAPLES, FL 34102

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000808222  
02/07/08-80055-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, ERIC J 341 BURNING TREE DR. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASQUEZ, MELISSA 341 BURNING TREE DR. NAPLES, FL 34105
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/08 (239) 430-0999