

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90426 026 \*\*\*150.00

DOCUMENT # P99000060517

1. Entity Name

FRANK RAPPA, P.A.



Principal Place of Business

~~5000 ROYAL SHORES DR~~  
~~201~~  
~~ESTERO FL 33928~~  
**4140 AMELIA PLANTATION CT.**  
**VERO BEACH, FL 32967**

Mailing Address

~~5000 ROYAL SHORES DR~~  
~~201~~  
~~ESTERO FL 33928~~  
**SAME**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0934688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPPA, FRANK D  
5000 ROYAL SHORES DR  
201  
ESTERO FL 33928

**4140 AMELIA PLANTATION CT.**  
**VERO BEACH, FL**  
**32967**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RAPPA, FRANK D  
STREET ADDRESS ~~5000 ROYAL SHORES DR, #201~~  
CITY-ST-ZIP ~~ESTERO FL 33928~~

TITLE D ☐ Delete  
NAME RAPPA, NANETTE P  
STREET ADDRESS ~~5000 ROYAL SHORES DR, #201~~  
CITY-ST-ZIP ~~ESTERO FL 33928~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4140 AMELIA PLANTATION CT.**  
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4140 AMELIA PLANTATION CT.**  
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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: **NANETTE P. RAPPA** (Nanette P. Rappa, Inc)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/06 772 299 5175**