

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2008 APR 15 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0284967	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

WOODWARD, MARK J. ESQUIRE  
3200 TAMiami TRAIL N., SUITE 200  
NAPLES, FL 34103

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINARDO, ANTHONY 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARISI, JOSEPH L 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300123533783  
04/15/08--01023--017 \*\*150.00

300123533783  
04/15/08--01023--022 \*\*192.50

**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

3/31/08

Date

(239) 732-9400

Daytime Phone #

Joseph Livio Parisi, as Director

4/16/08