


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90010 014 ***150.00

DOCUMENT # H75336

1. Entity Name
ALBERT M. ESPOSITO & ASSOCIATES, INC.



Principal Place of Business Mailing Address

326 MOODY BLVD. 326 MOODY BLVD.
P.O. BOX 1836 P.O. BOX 1836
FLAGLER BCH, FL 32136-8836 FLAGLER BCH, FL 32136-8836

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2578604

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESPOSITO, ALBERT M.
326 MOODY BLVD.
P.O. BOX 1836
FLAGLER BCH, FL 32136

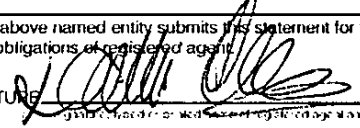
7. Name and Address of New Registered Agent

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  **X 4/1/06**

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**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD ESPOSITO, ALBERT M. 200 LAMBERT AVE, SUITE 4 FLAGLER BCH, FL 32136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VTSD WHITE, NANCY C 301 CEDAR LN, P.O. BOX 766 FLAGLER BCH, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD Esposito, Albert M. 200 Lambert Ave. Suite 2 Flagler Beach FL 32136 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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  **X 4/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR