


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 023 ***150.00


DOCUMENT # P01000054458

1. Entity Name
ANTONACCI DESIGN GROUP, INC.



Principal Place of Business 26251 S. TAMiami TR. SUITE 14 BONITA SPRINGS, FL 34134	Mailing Address 26251 S. TAMiami TR. SUITE 14 BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0837485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
~~800 106TH AVENUE NORTH~~ *809 Walkerbilt Rd, #5*
NAPLES, FL ~~34108~~
34110

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D ANTONACCI, JERILYN E 121 GULFVIEW AVENUE FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONACCI, STEVEN L 121 GULFVIEW AVENUE FT. MYERS BEACH, FL 33931
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Steven L Antonacci* 1/12/06 232-947-2988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #