## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000063621**

1. Entity; Name

GENNARO VINCENT CONTE, P.A.



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10329 GRAPEFRUIT DRIVE PORT RICHEY, FL 34668-3112 10329 GRAPEFRUIT DRIVE PORT RICHEY, FL 34668-3112



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 27-0060994 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CONTE, GENNARO V 10329 GRAPEFRUIT DRIVE PORT RICHEY, FL 34668-3112

## DO NOT WRITE IN THIS SPACE

10/11/110	7.2.1112 0.000 011.		IN I	HIS 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 CLEMAND V. Onto Invadent GEHNARD V. GNTE 3/4/2006 Signature, typed or printed name of registered agent and titls if applicable (NOTE Registered Agent signature required when retreaters)  DATE				
FILE NOW!II FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  * Election Campaign Finance Trust Fund Contribution.			\$5.00 May Ba Added to Fees	
10,	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTE, GENNARO V 10329 GRAPEFRUIT DRIVE PORT RICHEY, FL 346683112			
title name street address city-st-zip				6:076/06 70021-032 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
nitle name street adoness city-st-zip			IN 7	THIS SPACE
name name street address city-st-zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information				

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 eath; that I am an officer or director of the curporation 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:

Gennaro V. Conte

GENNARO V. CONTE

3/4/2006 (727)863-0445